



Canada Foundation
Website: Jamaicandiasporacanada.ca

Membership Application Form

JAMAICA DIASPORA

MR.
MRS.
MS.
DR.
REV

FULL NAME

ADDRESS

SUITE NO.

CITY

PROVINCE

POSTAL CODE

TEL:

_____ (HOME) _____ (BUS) _____ (CELL)

FAX: _____ E.MAIL: _____ : _____

PROFESSION / OCCUPATION _____

AREA(S) OF INTEREST _____

REGION & PARISH OF ORIGIN _____

SINGLE - CAD\$20.00 FAMILY IN SAME HOUSEHOLD – **CAD \$35.00 couple**
(+ \$10 each additional family member under 18)

PAID BY:

CASH - AMOUNT \$ _____ CHEQUE - AMOUNT \$ _____

DATE OF APPLICATION: _____

APPROVED: _____ CARD NUMBER: _____

Return form to:

The Jamaican Diaspora – Canada Foundation
c/o Jamaican Consulate General 303 Eglinton Avenue East Toronto, Ontario, M4P 1L3

Please complete all fields to ensure that the Database can be kept up to date.

