



AFRO-CARIBE COMMUNITY FOUNDATION OF KINGSTON

MEMBERSHIP APPLICATION

MEMBER ADDRESS INFORMATION

NAME

Current address:

Street: _____.

City _____.

Postal Code _____.

CONTACT INFORMATION

Email Address

Home Phone:

Cell Phone:

I am willing to be on the following

COMMITTEES:

- Communications
- Membership
- Fund Raising
- Financial
- Web-Site
- Events
- Children and Youth Programs
- Seniors Programs

Signature of Applicant:

MEMBERSHIP PAYMENT – Office Use Only

Membership Fees:

\$20.00 CAD for Individual Membership

Fees for Year: 20____ to 20____

Payment Received: Cash:
Cheques:

Exemption:

Date:

Please forward Application to:

1193 ANDERSEN DRIVE
KINGSTON, ONTARIO
K7P 3K2