



JAMAICA FOUNDATION OF HOUSTON

P. O. BOX 710824 • HOUSTON, TX 77271-0824

www.JamaicaFoundationOfHouston.org



MEMBERSHIP APPLICATION

email: JamaicaFoundationHouston@gmail.com

PERSONAL HISTORY

1. Name (Last) (First) (Middle Initial)			2. Name of Spouse
3. Home Address (Street) (City) (State) (Zip)			4. Home Telephone Number
5. Home Email Address		6. Business Email Address	7. Business Telephone Number
8. Date of Birth (mm/dd)	9. Birthplace (City/Town/Country)	10. Country of Citizenship	11. Occupation
12. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	13. Spouse's Email Address	14. Spouse's Date of Birth (mm/dd)	15. Spouse's Occupation
	16. Spouse's Country of Citizenship	17. Spouse's Birthplace (City/Town/Country)	18. Spouse's Business Phone No.

MEMBERSHIP

19. Membership Type <input type="checkbox"/> Family - \$60 / yr <input type="checkbox"/> Single - \$35 / yr <input type="checkbox"/> Student - \$10 / yr <input type="checkbox"/> Endowed (Life) - \$600	20. Interested in serving on a Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check Committee of interest: <input type="checkbox"/> Finance <input type="checkbox"/> Entertainment <input type="checkbox"/> Membership <input type="checkbox"/> Youth and Sports <input type="checkbox"/> Scholarship <input type="checkbox"/> Publicity/Publications		
	21. Special Skills (licenses, profession, hobbies, other interests)		

FAMILY MEMBERS (For Children, give date of birth, mm/dd/yyyy)

22.	23.	24.
25.	26.	27.

STATEMENT

The above answers are true and correct to the best of my knowledge and belief. Any misrepresentation of facts may be cause for denial or termination of my membership.

Signature of Applicant _____ Application Date _____

Referred by _____

Comments: _____

Please list 3 people whom you would recommend we contact to become members

Name (First) (Last)	Telephone Number
28.	- -
29.	- -
30.	- -