



Canadian Jamaican Medical Assistance Society

MEMBERSHIP APPLICATION

TO: The Directors
Canadian Jamaican Medical Assistance Society
151 - 10090 - 151 Street Suite #271, Surrey, B.C. V3R 8X8

Dear Sirs,

Pursuant to Bylaw 4 of The Canadian Jamaican Medical Assistance Society, I hereby apply for membership in the society.

NAME: _____

HOME ADDRESS: _____

CITY: _____ **PROVINCE** _____

POSTAL CODE: _____

MEMBERSHIP:
\$20.00 per person