



# MEMBERSHIP APPLICATION FORM

## MEMBERSHIP TYPE (PLEASE SPECIFY):

**ORDINARY MEMBER:** JOINING FEE - \$3.00 | WEEKLY DUES - \$14.50

**ASSOCIATE MEMBER:** JOINING FEE - \$15.00 | WEEKLY DUES - \$5.00

JOINING DATE:

RE-JOINING DATE:

## PERSONAL INFORMATION

FIRST NAME:

MIDDLE INITIALS:

LAST NAME:

MAIDEN NAME:

GENDER:  MALE  FEMALE

DATE OF BIRTH:     
DAY MONTH YEAR

SOCIAL INS #:

HOME ADDRESS:

PARISH:

POSTAL CODE:

EMAIL ADDRESS:

TELEPHONE #:

# OF DEPENDENTS:  MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  WIDOWED

COUNTRY OF BIRTH:

COUNTRY OF CITIZENSHIP:

BERMUDA STATUS:  BERMUDIAN  NON-BERMUDIAN  SPOUSE OF BERMUDIAN  PRC HOLDER

## JOB INFORMATION

CURRENT EMPLOYER:

CURRENT JOB TITLE:

PREVIOUS EMPLOYER: