



Caribbean-American For Community Involvement in Florida, Inc. (CAFCI)

1030 Royal Palm Beach Boulevard, Royal Palm Beach, FL 33411. Tel: 561.790.4002

Application for Membership

Name (Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone No. (Home): _____ Business: _____ Cell: _____

Country of Birth: _____ Date of Birth (Month/Day): _____

Occupation: _____ Hobbies: _____

E-mail Address: _____

Spouse's Name: _____ Date of Birth (Month/Day): _____

Country of Birth: _____ Occupation: _____

Please indicate the committee on which you would like to serve

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Annual Friendship Ball |
| <input type="checkbox"/> Talent Show | <input type="checkbox"/> Finance and Budget | <input type="checkbox"/> Sunshine | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Student Assistance | <input type="checkbox"/> Business Awareness | <input type="checkbox"/> Cultural | |

Fee Attached: Single \$60.00 Couple \$100.00 Check Cash PayPal

The primary purpose and objectives are to create an atmosphere and sponsor events that lead to respect and mutual understanding among the ethnic groups in our communities; to seek out, recognize and be a support group for persons of Caribbean ancestry residing in the region; to encourage involvement with other groups that are in the forefront, spearheading projects that are likely to improve the quality of life in the community at large; to promote and/or positively respond to multicultural events that complement our efforts and enhance our objectives and values; to contribute to educational and humanitarian needs as warranted.

I/We hereby apply for membership to the Caribbean-American for Community Involvement organization. I/We promise to work diligently for the furtherance of the goals and purposes of the organization.

Applicant's signature

Applicant's signature

Date

Member/Sponsor: _____

Membership Committee Recommendation: Approve Disapprove

Committee Chair Print

Committee Chair Signature

Date

Board of Directors: Approve Disapprove

President Print

President Signature

Date