

Caribbean-American For Community Involvement in Florida, Inc. (CAFCI) 675 Royal Palm Beach Boulevard, Suite 134, Royal Palm Beach, FL 33411. Tel: 561.790.4002 Application for Membership

Name (Print):						
Street Address:						
City:			State:	Zi _I):	
Telephone No. (Home):			Business:	Cel	l:	
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:			
and mutual understandin persons of Caribbean and spearheading projects that respond to multicultural educational and humanitation	Business e \$80.00 d objectives of the org g among the ethnic g cestry residing in the at are likely to impro events that complementarian needs as warran	and Budget s Awareness Couple \$140.00 rganization are: to groups in our come region; to encour we the quality of linent our efforts annted.	☐ Sunshine ☐ Cultural ☐ Check create an atmosphere amounities; to seek our age involvement with fe in the community denhance our object.	☐ Cash ☐ Cash re and sponsor at, recognize and hother groups at large; to proceed the control of the control	that are in the forefront, omote and/or positively	
work diligently for the fu	rtherance of the goa	lls and purposes of	f the organization.			
Applicant's signature		Арр	Applicant's signature		Date	
Member/Sponsor:						
Membership Committe	ee Recommendation	on: Approve	□ Disa	approve		
Committee C	Chair Print	Comr	nittee Chair Signatus	re	Date	
Board of Directors:	☐ Approve	☐ Disappro	ve			
President Print			resident Signature		Date	