

SPECIMEN MEMBERSHIP FORM

**JAFFNA CENTRAL COLLEGE
OLD BOYS' ASSOCIATION OF CANADA**

APPLICATION FOR MEMBERSHIP

Please Print

Name: _____
(first) (last)

postal address: _____

_____ **Postal code:** _____

e-mail: _____

Telephone number: Home: (_____) _____

Telephone Number: Hand (_____) _____

I WISH TO ENROLL AS A MEMBER OF THE JAFFNA CENTRAL COLLEGE OLD BOYS' ASSOCIATION OF CANADA AND ENCLOSE HEREWITH CHEQUE / CASH AS PAYMENT OF MY MEMBERSHIP SUBSCRIPTION.

CHEQUE No. _____ **\$** _____ **CASH \$** _____

LIFE MEMBERSHIP FEES _____ **\$ 100.00** **donation** **\$** _____

ANNUAL MEMBERSHIP SUBSCRIPTION **\$ 10.00** **DONATION \$** _____

I agree to abide by the Constitutional requirements and the Rules and Regulations of the Association.

_____ **Date**

_____ **Signature**

_____ **Date Received**

_____ **President's Signature**