



CRO Inc.
 49 St. Mary's St.
 St. John's, Antigua
 Ph:(268)724-6708
 IEmail: crosecretariat@yahoo.com

MEMBERSHIP APPLICATION

Confidential: All information provided here will be kept in confidence by the Executive Committee and will not be communicated without your approval.

Attach passport sized photograph here

- Individual Membership -

First Name: _____

Last Name: _____

Cultural Name: _____

Date of Birth: _____

Place of Birth: _____

Languages spoken: _____

Address: _____

Phone #: _____

Fax #: _____

E-mail: _____

Married Not Married

Number of children: _____

Their ages: _____

Next of kin (name & relationship to you):

Address & contact (phone, fax, e-mail): _____



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- Organization Membership -

Name of your organization: _____

The position you hold in your organization: _____

Is your organization officially registered? Yes No

Address of your organization: _____

Phone #: _____

Fax #: _____

E-mail: _____

How long has your organization been in existence? _____

What are the aims and objectives of your organization?

Is your organization affiliated to any other groups? Yes No

If yes, which groups? _____

Is your organization active in commercial affairs or events? Yes No

If yes, what type? _____

What role will your organization be willing to serve within the C.R.O.?

How did you hear about the C.R.O.?

DECLARATION

I, (first & last name): _____ (President/Chairman)

and I, (first & last name): _____ (Secretary)

On behalf of (name of Organization) _____,
hereby declare that all the information provided is true and our sole goal is to support the aims, goals and objectives of the Caribbean Rastafari Organization (C.R.O.) and it's laws, constitution and integrity.

Signed (President/Chairman): _____ Date: _____

Signed (Secretary): _____ Date: _____

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RESERVED FOR THE C.R.O. EXECUTIVE COMMITTEE

Comments: _____

Approved by: _____ Signed: _____

Print name (Chair/Co-Chair)

Date: _____

Approved by: _____ Signed: _____

Print name (Exec. Member)

Date: _____

CRO APPLICATION FOR ORGANIZATION MEMBERS

to be completed by all those who will be covered by the
Organizational Membership

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Attach passport sized
photograph here

First Name: _____

Last Name: _____

Cultural Name: _____

Date of Birth: _____

Place of Birth: _____

Languages spoken: _____

Address: _____

Phone #: _____

Fax #: _____

E-mail: _____

Married Not Married Single

Number of children: _____

Their ages: _____

Next of kin (name and relationship to you):

Address & contact (phone, fax, e-mail): _____

Employment situation: Employed Self-employed Unemployed

Type (nature of work): _____

Work address: _____

Do you have a valid driver's license? Yes No

If yes, what types of vehicle are you allowed to drive?

Are you already part of any organization?: Yes No

If yes provide name, details and your function:

What role will you be willing to serve within the C.R.O.?

How did you hear about the C.R.O.?

DECLARATION

I, (first & last name) _____,
hereby declare that all the information provided are true and my sole goal is to support the aims , goals and objectives of the Caribbean Rastafari Organization (C.R.O.) and it's laws, constitution and integrity.

Signed: _____ Date: _____

RESERVED FOR THE C.R.O. EXECUTIVE COMMITTEE

Comments: _____

Approved by: _____ Signed: _____
Please print (Chair/Co-Chair)

Date : _____

Approved by: _____ Signed: _____
Please print (Exec. Member)

Date : _____



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MEMBERSHIP APPLICATION

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Attach family
 photograph here

- Family Membership -

Name of your family: _____

Number of members forming your family: _____

Address of the family: _____

Phone #: _____

Fax #: _____

E-mail: _____

Is your family or any of its members affiliated to any other groups? Yes No

If yes, which groups? _____

Is your family active in commercial affairs or events? Yes No

If yes, what type? _____

What role is your family willing to serve within the C.R.O.?

How did you hear about the C.R.O.?

DECLARATION

I, (first & last name): _____ (Head of the Family), hereby declare that all the information provided is true and our sole goal is to support the aims, goals and objectives of the Caribbean Rastafari Organization (C.R.O.) and it's laws, constitution and integrity.

Signed: _____

Date: _____

RESERVED FOR THE C.R.O. EXECUTIVE COMMITTEE

Comments: _____

Approved by: _____ Signed: _____

Please print (Chair/Co-chair)

Date: _____

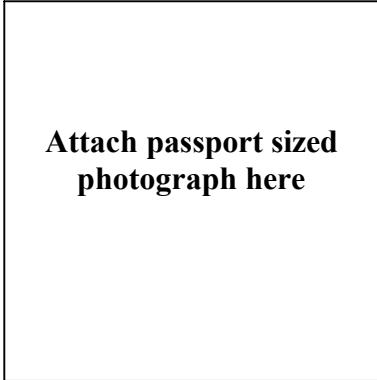
Approved by : _____ Signed: _____

Date: _____

CRO APPLICATION FOR FAMILY MEMBERS

to be completed by all those covered by the Family Membership

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First Name: _____

Last Name: _____

Cultural Name: _____

Date of Birth: _____

Place of Birth: _____

Languages spoken: _____

Address: _____

Phone #: _____

Fax #: _____

E-mail: _____

Married Not Married Single

Number of Children: _____

Their age: _____

Member of your Family to inform (related link & name):

Address & contact (phone, fax, e-mail): _____

Employment situation: Employed Self-employed Unemployed

Type (nature of work): _____

Work address: _____

Do you have a valid driver's license? Yes No

If yes, what types of vehicle are you allowed to drive?

Are you already part of any organization? Yes No

If yes provide name, details and your function:

What role will you be willing to serve within the C.R.O.?

How did you hear about the C.R.O.?

DECLARATION

I, (first & last name) _____,
hereby declare that all the information provided is true and my sole goal is to support the aims, goals and objectives of the Caribbean Rastafari Organization (C.R.O.) and its laws, constitution and integrity.

Signed: _____

Date: _____

.....
RESERVED FOR THE C.R.O. EXECUTIVE COMMITTEE

Comments: _____

Approved by: _____
Please print (Chair/Co-Chair)

Signed: _____

Date: _____

Approved by: _____
Please print (Exec. Member)

Signed: _____

Date: _____



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Attach passport sized photograph here

- Associate Membership -

First Name: _____

Last Name: _____

Cultural Name: _____

Date of Birth: _____

Place of Birth: _____

Languages spoken: _____

Address: _____

Phone #: _____

Fax #: _____

E-mail: _____

Married Not Married

Number of children: _____

Their ages: _____

Next of kin (name & relationship to you):

Address & contact (phone, fax, e-mail): _____

Employment situation: Employed Self-employed Unemployed

Type (nature of work): _____

Work address: _____

Do you have a valid driver's license? Yes No

If yes, what types of vehicle are you allowed to drive?

Are you already part of any organization?: Yes No

If yes provide name, details and your function:

What role will you be willing to serve within the C.R.O.?

How did you hear about the C.R.O.?

DECLARATION

I, (first & last name) _____,
hereby declare that all the information provided is true and my sole goal is to support the aims , goals, and objectives of the Caribbean Rastafari Organization (C.R.O.) it's laws, constitution and integrity.

Signed: _____ Date: _____

RESERVED FOR THE C.R.O. EXECUTIVE COMMITTEE

Comments: _____

Approved by : _____ Signed: _____
Please print (Chair/Co-Chair)

Date: _____

Approved by: _____ Signed: _____
Please print (Exec. Member)

Date: _____