



Membership Application

ORGANIZATION:

Name: _____

Type/Purpose of Organization: _____

Are you a federal non-profit 501 (c) (3) organization: Y____ N____ Number of members: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Representatives:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

NON-AFFILIATED APPLICANT:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Community Service Experience: _____

Personal Interest: _____

MEMBERSHIP FEES:

Organization: \$100.00 yearly _____ Individuals: \$40.00 yearly _____

In the event that your application is not approved, your fee will be returned.

SIGNATURE:

Organization/Non-Affiliated Applicant: _____

Upon approval, I agree to abide by the Constitution and By-Laws of the United Barbadians in Massachusetts

Please email completed application with a copy of the check for the membership fee to

unitedbarbadiansinmass@gmail.com

UBIM USE ONLY:

Approved: _____ Declined: _____

Notes: _____

Chairperson Signature: _____ Date: _____

Secretary's Signature: _____ Date: _____

"Promote and Celebrate Our Barbadian Heritage"

Established 2015