

# CARIB MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:

## EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

## EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

## SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Date of birth:	SSN:	Phone:

## SPOUSE EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

## REFERENCES

Name	Address	Phone

## SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse ( <i>only if for a joint membership</i> ):	Date:

## DUES AND FEES

CARIB Membership is retained by the organization and is transferable within the same organization. In the event of change of employment of the designated member, written or email notification to the CARIB Board of Executives is required.

The CARIB Membership fee of \$99.00 is due annually and includes both the association fee and a local chapter fee.

Acceptable payment methods: Check, Money Order, Electronic or Wire Transfer