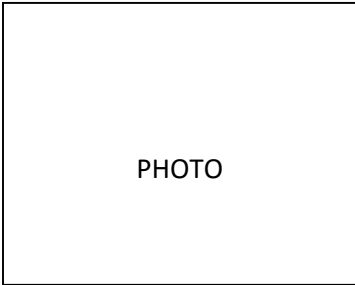




JAMAICA AGRICULTURAL SOCIETY

EMPOWERING AGRICULTURE SINCE 1895

MEMBERSHIP APPLICATION FORM



APPLICANT'S PERSONAL DATA

SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MIDDLE NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MARITAL STATUS

Single Married Other

DATE OF BIRTH

Day: Month: Year:

SEX

Male
 Female

APPLICANT'S PERMANENT ADDRESS

Street #	
Name & Parish	

APPLICANTS MAILING ADDRESS (if different from permanent address)

Street #	
Name & Parish	

Residential Telephone Number

Area Code	Seven Digit Number	Network Provider
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Business Telephone Number

Area Code	Seven Digit Number	Network Provider
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

E-Mail Address:

TRN #

Farmers Registration #

Farm Location(s)	Parish	Acreage

Sub-Sector

--

Type of Membership (Please tick)

<input type="checkbox"/>	Branch	\$ 500.00 Per Annum
<input type="checkbox"/>	Direct	\$1,500.00 Per Annum
<input type="checkbox"/>	Affiliate Organization	\$5,000.00 Per Annum

FOR DIRECT MEMBERS ONLY:
I am desirous of becoming a Direct Member of the Jamaica Agricultural Society, and will abide by the Rules and Regulations of the Society.

Signature of Applicant

FOR OFFICIAL USE ONLY

Recommended By: _____ Date: _____

Approved By: _____ Date: _____
Chairman-Membership Committee

Membership #

Parish Code	Expiry Year	Member Number
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Expiry Date: