

CAYMAN ISLANDS VETERANS ASSOCIATION

P. O. BOX 11686, GRAND CAYMAN KY1-1009

CAYMAN ISLANDS TEL: 1 (345) 946 3659

caymanislandsveterans@gmail.com

APPLICATION FOR AFFILIATE MEMBERSHIP

1. **YOUR FULL NAME:** _____
2. **YOUR ADDRESS:** _____
3. **TELEPHONE/EMAIL** _____
4. **DATE OF BIRTH:** _____
(Attach copy of your birth certificate)
5. **PLACE OF BIRTH:** _____
6. **EMPLOYER:** _____
7. **ANY EXPERIENCE WITH OTHER NON-FOR-PROFIT ORGANIZATIONS:** _____

8. **REASON FOR APPLYING FOR AFFILIATE MEMBERSHIP IN THE CAYMAN ISLANDS VETERANS ASSOCIATION:** _____
(IN YOUR OWN WORDS)

9. **NAME AND PHONE No. OF 2 (Two) CHARACTER REFERENCES IN CAYMAN** _____

10. **MEMBERSHIP FEE ENCLOSED:** **CHEQUE** ☐ **CASH** ☐
(CI \$50.00 PER YEAR- DUE by JAN 30th EACH YEAR)

SIGNATURE: _____

DATE: _____