



Association of Barbados Organizations Inc
P.O. Box 670994
Coral Springs, Florida 33067-0094
www.nabousainc.org, nabousainc@gmail.com, naboinc@nabousainc.org

MEMBERSHIP APPLICATION FORM

Name of Organization/Associate Member: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Registered Organization: _____ Federal Non-Profit 501© Organization: _____

No of Members: _____ % of Barbadians: _____ Date Formed: _____

 President: _____ Tel: _____ Email: _____

 Vice President: _____ Tel: _____ Email: _____

 Secretary: _____ Tel: _____ Email: _____

 Treasurer: _____ Tel: _____ Email: _____

 Constitution and By-Laws attached: Yes ___ No ___

 The officers and members of _____ do hereby agree to abide with the Constitution and By-Laws of the Association of Barbados Organizations, Inc.

President

Secretary

Date:

Date:

Association Membership Fee \$100.00: _____

Associate Membership Fee \$50.00 _____

OFFICIAL USE ONLY

Approved: _____ Disapproved: _____

Date: ____/____/____

Reasons for Disapproval:

Chairman: _____

Secretary: _____

Janice Bispham