APPLICATION FOR MEMBERSHIP

WESTMORELAND PARISH DEVELOPMENT COMMITTEE BENEVOLENT SOCIETY

TRN: _____
Membership No: _____

Full Name: _____

Home Address: _____

Mailing Address: _____

Previous Address _____

Phone No: _____ _____ _____
Cell Home Work

Occupation/ Position: _____

Place of Business: _____

Affiliation with other organization: _____

Name of Spouse: _____

Address: _____

_____ Phone No:_____

I/We hereby apply for membership in the Westmoreland Parish Development Committee Benevolent Society. If accepted I agree to conform to all the Rules and Policies and to subscribe to an annual membership fee of_____.

Authorized signature Applicant/ Organization:_____

Date: _____

Witness to application Signature: _____ Date: _____

The above application was considered and approved/disapproved at the meeting of the Committee of Management held _____

Chairman: _____

Secretary: _____

Referee: _____