



Membership Form

Check ("x") : _____New Member _____Renewal _____Updated Information Only

Name: _____

Address: _____

City: State: _____

Zip Postal Code: _____ Country: _____

Phone (home): _____ Phone 2: _____

E-Mail Address: _____

Returned Peace Corps Volunteer): _____Y e s _____No

Service Dates _____ Group # _____ Sector: _____

Location of Service in Jamaica: _____

If you are not a volunteer, describe your experience in connection to Jamaica:

Current Occupation: _____

Annual Dues (includes subscription to FOJ Newsletter) Friend of Jamaica:
_____ (\$15)

In addition to paying my annual dues, I am making a donation of to FOJ:
_____ Donation:

Member Directory

Do you want your name included in the online FOJ member directory? (check "x").
_____Yes _____No

(Your name and contact information will only be shared with other members of FOJ.
Access to the member directory is password protected)

Mail your completed form along with check or money order, payable to Friends of Jamaica/YSA. YSA is our fiscal agent and makes your donations tax deductible to:
Friends of Jamaica Membership

C/O Mark Bellinger
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