



## CARIBBEAN ASSOCIATION OF TEXAS MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

COUNTRY OF ORIGIN: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDAY (MONTH AND DAY): \_\_\_\_\_

PROFESSION: \_\_\_\_\_

I, \_\_\_\_\_ do hereby apply for membership in the Caribbean Association of Texas, and will abide with all the procedures and bylaws of the Association.

Individual Annual Dues by Jan 31st: \$100

Couples Annual Dues by Jan 31st: \$175

After Jan 31st: \$120/yr or \$10/month

Cricket Team Dues: \$60/yr or \$5/month

### AREAS OF INTEREST

Technology

Community Projects

Cultural Events

Education

Meeting Planning

Public Relations & Marketing

Sports & Youth

Other (please specify)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

[fb](#)

[Website](#)

[E-Mail](#)

### FOR OFFICIAL USE ONLY:

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Please mail application and check to: 3024 Riverwood Ln., Grand Prairie, TX 75052

Please make checks payable to: Caribbean Association of Texas or CAT