

MEMBERSHIP APPLICATION FORM

COMPLETE THIS APPLICATION CLEARLY AND LEGIBLY USING CAPITALS.

YOU MUST PRESENT YOUR BARBADOS IDENTIFICATION CARD WITH THIS APPLICATION.

MEMBERSHIP			
Were you a BARP member before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If, yes, state your membership no.:</i>			
TITLE: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other, please state:			
FIRST NAME:		MIDDLE NAME:	SURNAME:
DATE OF BIRTH (YYYY/MM/DD):		TEL: (h)	(w) (c)
BARBADOS ID#:			
ADDRESS:			
MAILING ADDRESS (if different from above):			
EMAIL ADDRESS:		CURRENT/FORMER OCCUPATION:	
Membership Fee Per Year <input type="checkbox"/> \$105 <i>(Includes a Life Benefit of \$5000 payable upon death.)</i>			
New Member Entrance Fee: \$10		Re-joining Fee: \$10	
HEALTH INSURANCE			
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, which company?</i>			
Do you want to purchase the BARP Group Health Insurance Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
MASSY CARD			
Do you have a Massy Card? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Massy Card Number:</i>			
Do you want to link your BARP Membership Card with your Massy Card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SKILLS			
Please indicate your skills, interests and areas of expertise to update our skills bank.			
<input type="checkbox"/> Agriculture <input type="checkbox"/> Accounting <input type="checkbox"/> Advertising <input type="checkbox"/> Automotive <input type="checkbox"/> Business <input type="checkbox"/> Cosmetology <input type="checkbox"/> Education			
<input type="checkbox"/> Engineering <input type="checkbox"/> Entertainment <input type="checkbox"/> Event Planning <input type="checkbox"/> Financial Services <input type="checkbox"/> Health Care <input type="checkbox"/> Human Resources			
<input type="checkbox"/> Information Technology <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Management <input type="checkbox"/> Renewable Energy <input type="checkbox"/> Telecommunications			
<input type="checkbox"/> Training and Development <i>Please specify:</i>			
Trade: <input type="checkbox"/> Carpentry <input type="checkbox"/> Laborer <input type="checkbox"/> Plumber <input type="checkbox"/> Mason <input type="checkbox"/> Painter <input type="checkbox"/> Electrician <i>Other, please specify:</i>			
Signature:		Date (YYYY/MM/DD):	
OFFICIAL USE ONLY			
Period of membership: <input type="checkbox"/> 1 Year			
Receipt No.:			
MID#:			