



**Mervue House**  
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### MEMBERSHIP APPLICATION FORM

**COMPLETE THIS APPLICATION CLEARLY AND LEGIBLY USING CAPITALS  
 YOU MUST PRESENT YOUR BARBADOS IDENTIFICATION CARD WITH THIS APPLICATION**

Were you a BARP member before? <input type="checkbox"/> Yes <input type="checkbox"/> No If, yes, state your membership no.:		
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 (Y/M/D):	TEL: (h)	(w) (c)
BARBADOS ID#:		
ADDRESS:		
MAILING ADDRESS (if different from above):		
EMAIL ADDRESS:	CURRENT/FORMER OCCUPATION:	
<b>Membership Fees: <input type="checkbox"/> 1 Year: \$60 <input type="checkbox"/> 3 years: \$150 <input type="checkbox"/> 5 Years: \$200</b> <ul style="list-style-type: none"> <li>• <b>New Member Entrance Fee: \$10</b></li> <li>• <b>Card Processing Fee: \$5</b></li> </ul>		
Payment Method (please tick): <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit/Credit Card		
Do you have a Massy Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		Massy Card Number:
Do you want to link your BARP Membership Card with your Massy Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to offer your services as a BARP volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what areas?		
<b>Please indicate your skills, interests and areas of expertise to update our skills bank.</b>		
<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"/> Pharmacy <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		
Other, please specify:		
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with which company?		
If no, have you ever applied for health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where have you applied?		
Signature:		Date (Y/M/D):
<b>OFFICIAL USE ONLY</b>		
Period of membership: <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years		
Sum received: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit/Debit		Date received (Y/M/D):
Receipt No.:		
MID#:		
Membership expiry date (Y/M/D):		Signature:
Computer entry date (Y/M/D):		Signature: