

# CIVIL SOCIETY BAHAMAS (CSB) MEMBERSHIP APPLICATION

APPLICANT INFORMATION			MEMBERSHIP # _____
Name:			
Date of birth:	Ph. Business:	Ph. Home:	
Ph. Cell:	email:		
Address Street:	Postal Address:	Island:	
ORGANIZATION INFORMATION (IF APPLICABLE)			
Name of Organization:			
Address:			
Phone:	E-mail:	Fax:	
City:	Island:	Postal:	
Position:			
EMERGENCY CONTACT (OPTIONAL)			
Name of a relative not residing with you:			
Address:			Phone:
City:	Island:	Cell:	
Relationship:			
SCHOOL INFO (FOR CURRENT STUDENTS)			
School:			
Address:		Email:	Phone:
SPECIAL INTEREST/CONCERNS			
Social issues: <input type="checkbox"/>			
Economic issues: <input type="checkbox"/>		Human Rights: <input type="checkbox"/>	
Youth: <input type="checkbox"/>	Education: <input type="checkbox"/>	Judiciary: <input type="checkbox"/>	
Culture: <input type="checkbox"/>	Sports: <input type="checkbox"/>	Public Service: <input type="checkbox"/>	
Waste Management/Sustainability <input type="checkbox"/>	Health: <input type="checkbox"/>	Spiritual: <input type="checkbox"/>	
SPECIALIZATION			
Writing: <input type="checkbox"/>	Advocacy: <input type="checkbox"/>	Motivation/Marketing: <input type="checkbox"/>	
Administrative/Management: <input type="checkbox"/>	Training: <input type="checkbox"/>	Event Planning: <input type="checkbox"/>	
Accounting: <input type="checkbox"/>	Legal: <input type="checkbox"/>	Financial: <input type="checkbox"/>	
REGISTRATION FEES			
INDIVIDUAL \$10.00 <input type="checkbox"/>			
ORGANIZATION: \$25.00 <input type="checkbox"/>			
COMMENTS (OPTIONAL)			
Signature of applicant:		Recommended by:	Date:

THANKS FOR TAKING THE TIME TO JOIN THIS VITAL/VIBRANT ORGANIZATION. MEMBERSHIP IN CIVIL SOCIETY BAHAMAS IS AVAILABLE TO ANY LEGAL RESIDENT IN THE BAHAMAS OVER THE AGE OF 18.