



**SOCIETY FOR THE ADVANCEMENT OF
THE CARIBBEAN DIASPORA (SACD)
PO. Box 24556, Brooklyn, NY, 11202
MEMBERSHIP APPLICATION**

Name: _____:Sex: F : M
Last First

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell: _____ Work: _____

Email Address: _____

Trade/Profession: _____

Employment: *(Circle one) Government/Private/Self Employed/Student/Retired/Unemployed/
Other: _____

Education:*(Optional) HS ___ CERT ___ DPLO ___ BA ___ MA ___ PHD ___ Other ___

Interests: Networking/ Mentoring/ Talent Bank/Community Health/Business Seminars

Other: _____

Do you want to be included in our Talent Bank? Yes: ___ No: ___

Do you want to be a Volunteer in the Organization? Yes: ___ No: ___

Annual Membership Dues: \$25.00

Membership Type: One Year: ___ Two: ___ Three: ___

Membership Dues: _____

Make Check or Money Order Payable to "SACD"
All **DUES** are **NON-REFUNDABLE**

FOR OFFICIAL USE ONLY:

Amount Paid: \$ _____ Check # _____ Money Order# _____ Cash

By my signature, I certify that I have received the money indicated above from the Applicant

Office Signature: _____ Date: _____

Membership: # _____ Date Joined: _____