



# National Association of Barbados Organizations

## Our Mission

“Formed for the purpose of coordinating the activities of Barbadian membership organizations throughout North America to maximize the impact of charitable and developmental activities of member organizations on Barbados and Barbadian communities throughout North America.”

Membership #: \_\_\_\_\_

## Membership Application Form

Name of Organization: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Fax Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

Is your organization registered in your State:	YES	NO	Are you a Federal Non-Profit 501C Organization:	YES	NO
Amount of members:		Percentage of Barbadians:	%	Date Organization was formed:	/ /
Please fill out all needed information below:					
President's Name:	Telephone #:		Email Address:		
Vice President's Name:	Telephone #:		Email Address:		
Secretary's Name:	Telephone #:		Email Address:		
Treasurer's Name:	Telephone #:		Email Address:		
Are your Constitution and By-Laws attached to this application:	YES	NO			
The officers and members of <u>Place the name of your organization HERE!</u> do hereby agree to abide with the Constitution and By-Laws of the National Association of Barbados Organizations, Inc. (NABO)					

\_\_\_\_\_  
 President's Signature Date \_\_\_\_\_

\_\_\_\_\_  
 Secretary's Signature Date \_\_\_\_\_

NABO's Membership Fees are \$100.00 Are your membership fees attached to this application? (Please select one) YES:  NO:

### OFFICIAL USE ONLY

Approved:	YES	NO	Disapproved:	YES	NO	Date:	
Reason for Disapproval:							

\_\_\_\_\_  
 NABO President's Signature Date \_\_\_\_\_

\_\_\_\_\_  
 NABO Secretary's Signature Date \_\_\_\_\_