



Registered Charity
No. 1156

MEMBERSHIP REGISTRATION FORM

REF: _____

TITLE:	FIRST NAME:	LAST NAME:	MIDDLE INITIAL(S):

MAILING ADDRESS 1:

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MAILING ADDRESS 2:

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STATE/PARISH:

COUNTRY

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PHONE (HOME):

PHONE (WORK):

PHONE (MOBILE):

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EMAIL ADDRESS:

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PROFESSION/OCCUPATION:

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SKILLS:

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SCHOOL ATTENDED: (Please tick one)

ENROLLMENT YEAR (DD/MM/YY):

COLERIDGE SCHOOL <input type="checkbox"/>	PARRY SCHOOL <input type="checkbox"/>	
COLERIDGE & PARRY SCHOOL <input type="checkbox"/>		

ANNUAL SUBSCRIPTION PAYMENT: **BBD\$120.00**

METHOD OF PAYMENT:

FULL AMOUNT <input type="checkbox"/>	INSTALLMENTS (____) <input type="checkbox"/>	CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	OTHER <input type="checkbox"/> _____
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BALANCE (If applicable): _____

Coleridge & Parry School Alumni Association

C/o Coleridge & Parry School

Ashton Hall

St. Peter

Barbados, W.I.

Email: capsaa.bb@gmail.com

Website: www.capsaa.org