



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 _____