The Jamaican Nationals Association of the Washington DC Metropolitan Area (JNA)





Application for Candidate for JNA Officer

		Applicant	t Informatio	n	
Full Name:					Date:
	Last	First		M.I.	
Address:					
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone:			Email		
If not, plea	se indicate heritage_	YesNo_			
		for 6 months? (require of membership			
		for 3 months? (require			
Why are y	ou interested in bein	g an Officer? Please	add pages if r	eeded.	

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Reference Please provide a reference of a JNA member.							
Full Name:	Relationship:						
Company:							
Address:							
	Phone:						
JNA or Other Community Involve	mont						
JNA of Other Community involves	nent						
JNA or Other Community Involvement							
Org:	Phone:						
Address:	<u> </u>						
Activities:							
Responsibilities:							
From: To:							
Disclaimer and Signature							
I certify that my answers are true and complete to the best of my knowledge.							
Signature:	Date:						

Please submit to Confidential email at: info@jnaofdc.org