

## MEMBERSHIP APPLICATION FORM

This membership application form will be completed in different stages. The information that you provide will be used solely for the purpose of JN Circle and your personal information will not be shared with external parties. Please fill out form in **BLOCK CAPITALS**.

**TO BE COMPLETED BY NOMINATOR AND SIGNED BY BOTH THE NOMINATOR AND THE NOMINEE**

I \_\_\_\_\_ of the JN Circle Club \_\_\_\_\_ nominate  
\_\_\_\_\_ to join the JN Circle Club \_\_\_\_\_.

**Recommendation:**

\_\_\_\_\_

**TO BE COMPLETED BY THE NOMINEE**

Title (e.g., Mr., Ms., Mrs., Dr., Rev.): \_\_\_\_\_ Post nominal: \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Profession: \_\_\_\_\_ Business/Employer: \_\_\_\_\_

Birthday (mm/dd): \_\_\_\_\_ Wedding Anniversary (mm/dd): \_\_\_\_\_

Spouse: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

How are you affiliated with the JN Group? (Tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Member Advisory Council Member   | <input type="checkbox"/> JN Money Services Customer              |
| <input type="checkbox"/> JN Group Employee                | <input type="checkbox"/> JN Life Insurance Customer              |
| <input type="checkbox"/> JN Bank account holder           | <input type="checkbox"/> Jamaica Automobile Association Customer |
| <input type="checkbox"/> JN Fund Managers Customer        | <input type="checkbox"/> JN Cayman Customer                      |
| <input type="checkbox"/> JN General Insurance             | <input type="checkbox"/> Other _____                             |
| <input type="checkbox"/> JN Small Business Loans Customer |  |

To become a member of JN Circle you must be a member of the JN Group, meaning you must have a JN Bank account. If you do not yet have a JN Bank account, will you open an account within 2 months of submitting this application?

- Yes  
 No

**TELL US MORE ABOUT YOU...**

This personal background information will be used in new member profiles, on the website, to help members get to know you.

1. Membership in any Association/Service Club/Charity: \_\_\_\_\_
2. Hobbies: \_\_\_\_\_
3. What Sport do you enjoy playing: \_\_\_\_\_
4. What Sport do you enjoy watching: \_\_\_\_\_
5. Favourite Vacation or Get-Away Spot: \_\_\_\_\_
6. Favourite Musical Artist: \_\_\_\_\_
7. Anything else you would like us to know: \_\_\_\_\_

I hereby certify that if accepted to Membership of the JN Circle of \_\_\_\_\_, that I as a JN Circle Member will exemplify the Object of the JN Circle and The Jamaica National Group in all my daily contacts and will abide by the Constitutional documents of the JN Circle. I agree to pay an admission fee of \$1,500 and the annual dues of \$6,000 in accordance with the bylaws of the JN Circle. I hereby give permission to the JN Circle to publish my name and other particulars to its membership once I become a member.

Nominee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nominator's Signature \_\_\_\_\_

**TO BE COMPLETED BY A JN CIRCLE OFFICER**

<b>Action on Nomination</b>	<b>Date</b>
Received by secretary	_____
Submitted to membership committee	_____