

JAMAICA MILLENNIUM MOTORING CLUB

MEMBERSHIP RENEWAL FORM

Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>			
Membership #:	Date of Birth:		
Blood Type:	Allergies:		
Address – Home			
Address – Mailing <small>(if different from above)</small>			
E-mail Address			
Phone Numbers	Home: _____	Cell: _____	Fax: _____
	Work: _____	Pager: _____	
Employer:	Occupation:		
Address – Work			
Emergency Contact:			Tel#:
Contact Address:			
Contact Relationship:			