JAMAICA MILLENNIUM MOTORING CLUB MEMBERSHIP RENEWAL FORM

| Name Mr.[] Mrs.[] Miss[] | | | |
|---|------------|----------------|-----------------------------------|
| Membership #: | | Date of Birth: | |
| Blood Type: | Allergies: | | |
| Address – Home | | | |
| Address – Mailing (if different from above) | | | |
| E-mail Address | | | |
| | Home: | Cell: | Fax: |
| Phone Numbers | Work: | Pager: | |
| Employer: | | Occupation: | |
| Address – Work | | | |
| Emergency Contact: | | | Tel#: |
| Contact Address: | | | |
| Contact Relationship: | | | Form: Membership Renewal 01/01/04 |

JAMAICA MILLENNIUM MOTORING CLUB MEMBERSHIP RENEWAL FORM

| Name Mr.[] Mrs.[] Miss [| 1 | | | |
|---|------------|----------------|-----------------------------------|--|
| Membership #: | | Date of Birth: | | |
| Blood Type: | Allergies: | | | |
| Address – Home | | | | |
| Address – Mailing (if different from above) | | | | |
| E-mail Address | | | | |
| | Home: | Cell: | Fax: | |
| Phone Numbers | Work: | Pager: | | |
| Employer: | | Occupation: | Occupation: | |
| Address – Work | | | | |
| Emergency Contact: | | | Tel#: | |
| Contact Address: | | | | |
| Contact Relationship |): | | Form: Membership Renewal 01/01/04 | |