



GUYANESE CULTURAL NETWORK OF TAMPA BAY, INC.

MEMBERSHIP APPLICATION

LAST NAME: _____ **FIRST:** _____ **MI:** _____

SPOUSE'S NAME: _____

STREET ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

TEL #: _____ **EMAIL:** _____

VOLUNTEER INTEREST(S): Please indicate your areas/activities of interest with GCNTB:

- | | | |
|--|---|--|
| <input type="checkbox"/> CULTURAL ENRICHMENT | <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> FUNDRAISING / FINANCE |
| <input type="checkbox"/> COMMUNITY SERVICES | <input type="checkbox"/> PUBLIC RELATIONS | <input type="checkbox"/> ADMINISTRATION |
| <input type="checkbox"/> PROGRAM DEVELOPMENT | <input type="checkbox"/> SOCIAL MEDIA | <input type="checkbox"/> COMMITTEES |

SPECIAL INTERESTS: any charitable endeavors you would like to see us help with in Tampa Bay or Guyana?

ADDITIONAL FAMILY MEMBERS (FOR FAMILY APPLICANTS):

1. _____
2. _____
3. _____

TELL US ABOUT YOURSELF:

Please send completed application and check payable to:

Guyanese Cultural Network of Tampa Bay, Inc. or GCNTB

PO Box 290403, Tampa FL 33687

DO NOT MAIL CASH

Membership for Year _____ ☐ New ☐ Renewal **Payment:** ☐ Cash ☐ Check # _____

Membership Type: ☐ Individual (\$35 per year) ☐ Family (\$50 per year)

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