



ORGANIZATION OF COMMONWEALTH  
CARIBBEAN BAR ASSOCIATIONS



## INDIVIDUAL MEMBERSHIP FORM

**Title:** (Mr.) (Mrs.) (Ms.) (Dr.) (Sir)

**Name:** (Surname, First Name, Other Name)

**Bar Association:**

Please tick the appropriate box

- ☐ Council Member/Senior (over 10 years)
- ☐ Council Member/Junior (under 10 years)
- ☐ Ordinary Member/Senior (over 10 years)
- ☐ Ordinary Member/Junior (under 10 years)

**Mailing Address:**

**E-mail address:**

**Tel:** Work \_\_\_\_\_ Mobile \_\_\_\_\_

**Skype:** \_\_\_\_\_

**I hereby apply to join OCCBA as an individual member.**

\_\_\_\_\_  
**APPLICANT**

Enclosed is US\$100.00 being the subscription due by me for the current year.