



The Caribbean Organisation
Development Network

PSOJ Building, 39 Hope Road, (TIC/CARI-CODE) Kingston 10, Jamaica W.I.
Tel: 876-927-6243 Fax: 876-927-5137 E-mail codn@cwjamaica.com

Membership Application Form

Name: _____
First
Middle
Last

Job Title: _____ Department: _____

<u>WORK INFORMATION</u>	<u>HOME INFORMATION</u>										
Company: _____ Address: _____ _____ Tel: _____ E-Mail: _____ Primary Industry Sector: _____	Address: _____ _____ Tel: _____ Mobile (Cellular): _____ E-Mail: _____										
Indicate the type of job in which you are employed. <input type="checkbox"/> Management <input type="checkbox"/> Human Resource <input type="checkbox"/> Training & Development <input type="checkbox"/> Other Organisation Development _____	CORPORATE/GROUP MEMBERS ONLY (You may list up to five (5) Representatives - only one will have voting rights) How will this work? <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 60%;"><u>Name</u></th> <th style="text-align: left;"><u>Position</u></th> </tr> </thead> <tbody> <tr> <td>1.....</td> <td>.....</td> </tr> <tr> <td>2.....</td> <td>.....</td> </tr> <tr> <td>3.....</td> <td>.....</td> </tr> <tr> <td>4.....</td> <td>.....</td> </tr> </tbody> </table>	<u>Name</u>	<u>Position</u>	1.....	2.....	3.....	4.....
<u>Name</u>	<u>Position</u>										
1.....										
2.....										
3.....										
4.....										
<u>Membership Category</u> <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Company Do you wish to join a task Force? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you wish to write articles for our Newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Payment Type</u> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque										

How were you introduced to CODN

Referred Media Internet

Your Membership is vital to the continued growth and development of CODN Membership guarantees that you will enjoy a wide range of benefits including:

- Regular contact with other OD Practitioners
- Free issue of the Network's Newsletters
- Discount Rates on publication, seminars and conferences
- Problem-solving information and referrals through the Membership Inquiry Service
- Access to research materials

I wish to apply for membership and agree to abide by the Rules and Regulations of the Caribbean Organisation Development Network

Payment is enclosed Please invoice me

Signature:

Date: