



The Caribbean Organisation Development Network

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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): _____ eMail: _____

Indicate the type of job in which you are employed.

Management Other _____

Human Resource

Training & Development

Organisation Development (OD)

CORPORATE/GROUP MEMBERS ONLY (You may list up to five (5) Representatives - only one will have voting rights) How will this work?

<u>Name</u>	<u>Position</u>
1.....
2.....
3.....
4.....
5.....

Membership Category

Individual
 Group
 Company

Do you wish to join a task Force? Yes No

Do you wish to write articles for our Newsletter? Yes No

Payment Type

Cash
 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: