



Phoenix Central | 2 Phoenix Avenue
Unit 16
Kingston 10 | Jamaica
Telephone: 876 469-1944
info@ccrponline.org | www.ccrponline.org

Membership Application Form

NAME: _____
(First) (Middle Initial) (Last) Title

DATE OF BIRTH: _____
(Day) (Month) (Year)

PHONE: (Home) _____

(Cell) _____ (Other) _____

ADDRESS: _____
(City/Parish)

MAILING ADDRESS (If Different): _____
(City/Parish)

EMAIL: _____

CAREER/PROFESSION: _____

HOBBIES/SPECIALINTERESTS: _____

MALE FEMALE

EMPLOYMENT STATUS: Employed Self-Employed Retired

MARITAL STATUS: Married Single Divorced Widow/Widower

IDENTIFICATION: Type & Number: _____ TRN: _____

NEXT OF KIN: _____ RELATIONSHIP: _____

EMAIL: _____ CONTACT NO: _____

MEMBERSHIP FEE:

INITIAL MEMBERSHIP: 1 Year \$2,500 3 years \$5,500 5 years \$8,500

ANNUAL RENEWALS: 1 Year \$2,000 3 years \$5,000 5 years \$8,000

N B: Payment can be made at our offices or by deposit/transfer to CCRP (business chequing) at any CIBC-FCIBJ (New Kgn branch) – account # 1002122601 or any NCB (Cross Roads branch) – account # 231074732 or at Paymaster to CCRP Membership, account number 00001 and your TRN
Email – info@ccrponline.org or whatsapp us at 876 469 1944 a copy of your payment voucher

Enjoy a host of benefits! Rev up your retirement! Over 70 Discount Partners!

Members are eligible to apply for enrolment in the CCRP/Sagicor Major Medical Group Insurance Health Plan and the CCRP-CGM Gallagher Comprehensive Health Plan underwritten by Sagicor.

Member's Signature

Date