



Phoenix Central | 2 Phoenix Avenue  
Unit 16  
Kingston 10 | Jamaica  
Telephone: 876 469-1944  
[info@ccrponline.org](mailto:info@ccrponline.org) | [www.ccrponline.org](http://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 \_\_\_\_\_ No.: \_\_\_\_\_

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 2 Phoenix Avenue, Kgn 10 or any First Caribbean Bank branch – account # 1002122601 or NCB – account #231074732 Email – info@ccrponline.org or fax us at 876 631-8627 a copy of your payment voucher**

*Enjoy a host of benefits! Rev up your retirement! Over 90 Discount Partners!*

Members are eligible to apply for enrolment in the CCRP / Sagicor Major Medical Group Insurance Health Plan. Sagicor enrolment forms must be submitted via CCRP office. There is an administration fee of \$1,500 which is non-refundable.

-----  
**Member's Signature**

-----  
**Date**