

Caribbean American Phoenix Carnival Cultural Organization of AZ

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(602) 50-CAPAZ (<u>502-2729</u>)

CAPAZ Membership Application/Information Form

Mr. Mrs. N	Иs.:				
First		Last		Prefer to be called	
Address:	Number Street		Apt.	City	State Zip
Phones:	Cell		Home		
Email:					
Elliali.	Personal		Alternate		
Company Name:			Ti	itle:	
Company Address: Numb		umber Street	Suite	City	State Zip
Business Phone:			FAX:		
email:					
	rth: (Optional)	Month/Day Membership and agree to conform to	the bulgage of this Associ	ation and comp	ly with the obligations of mam
	explained to me.	Memoership and agree to comorni to	the bylaws of this Associ	ation and comp	ry with the obligations of mem-
Applicant Signature			Date		
		Check One Blo	ck Per Category		
Primary Employment		ry Employment	Job Classific	cation	Education Attained
Bank	king/Finance	Medical	Elected	_	_ Grade School
Com	ım./Media	Nonprofit	Management	: _	_ High School
Con	struction	Real Estate	Partner/Own		_ Tech./Business school.
Educ	cation	Religion	Professional	_	_ Assoc. Degree (2 yr.)
Gove	ernment	Retail	Sales	_	_ Bach. Degree (4 yr.)
Lega	al	Transportation	Supervision	_	_ Master's degree
Man	ufact. (Heavy)	Wholesale	Technical	_	_ Grad./Prof. Degree
Man	ufact. (Light	Other	Retired		
			Other		