



The Jamaican Geographical Society

c/o Department of Geography and Geology,
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Membership Form

Please complete and return to the Membership Secretary

Name _____
(Title: Mr / Mrs / Ms / Dr / Prof)

Home Address _____

Tel _____ **Fax** _____ **Email** _____

Occupation _____

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Type of Membership

Students (\$300/year) []
Teachers (\$800/year) []
Other Professional (\$1200/year) []

Please make cheques payable to 'The Jamaican Geographical Society'

Date _____ Signature _____