

St. Augustine-Baracoa Friendship Association Application for Membership

Name: _____
(please print as it appears in your passport)

Mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Fax: _____ Phones (w&h): _____

Date of application: _____

BRIEF BIO: (Tell us about yourself, your professional formation, your involvement in humanitarian work, and your interest in Cuba – use additional paper as required)

I am interested in travelling to Cuba with a Humanitarian delegation:

SIGNATURE: _____ DATE: _____

Print the completed form and mail it together with a check for \$25 (single) or \$45 (family) to:

**The Friendship Association
P.O. Box 840011
St. Augustine, FL 32080**