

THE JEANETTE GRANT WOODHAM EDUCATION FOUNDATION (JGWEF)

MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION:

Name: _____ (last) _____ (first)

Gender: ____M ____ F

Address: _____

Telephone No.: _____

Email Address: _____

Preferred method of
contact

- Email
- Post
- Telephone
- SMS

ADDITIONAL INFORMATION:

How did you hear
about the JGWEF?

- Website
- Facebook
- Through a member of the Foundation

- From the Tivoli Gardens High School
- Other (Please specify)
- Media

What's your affiliation with the Tivoli Gardens High School?

- Past Student
- Community Member/Parent
- School Staff
- Friends of the Tivoli Gardens High School
- Other (Please specify)
- Donor/Sponsor

DECLARATION

I wish to be a member of *The Jeanette Grant-Woodham Foundation (JGWEF)*. I have understood the content of this form and I know how my details will be used.

Signature: _____

Date of application: ____/____/____ (dd/mm/yyyy)

CONTACT US

Thank you for taking the time to complete this form and for becoming a member. For more information about our Foundation, feel free to contact us at the details below.

Phone: (876)788-3439

Website: www.jeanettegrantwoodham.com

Email: jgwef@jeanettegrantwoodham.com

As a member of The Jeanette Grant-Woodham Foundation (JGWEF), your information will be stored on a secure database which can only be accessed by authorised members of the Foundation. Your information will not be shared with any organisation or individual without your explicit consent.