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Mfantseman kuw Of California

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MEMBERSHIP REGISTRATION FORM

Member Name: _____
Last Name First Name Middle Name Initial

Residence Address: _____
Number and Street (P. O. Box) City State, Zip Code

Mailing Address: _____
(If Different from above) Number and Street (P. O. Box) City State, Zip Code

Phone # () _____ () _____ Email Address: _____
Home Phone # Cell. Phone# (Current Ema)

Spouse's Name: _____ Member? Yes. No.

Name of Parents: _____
Biological (Optional) Biological (Optional)

Person to Contact in case of Emergency:

Last Name: _____ First Name: _____

Address: _____
Number and Street (P. O. Box) City State, Zip Code

Phone # () _____ () _____ Email Address: _____
Home Phone # Cell. Phone# (If Available)

I am interested in serving on one or more of the following committees:

- Finance & Investment
- Education & Cultural Affairs
- Public Relations
- Social and Benevolent

* Enter Your BOD (Year optional) _____

Dues paid: Yearly \$ _____. Semi \$ _____. Quaterly \$ _____. Monthly \$ _____. None _____.
PLEASE, THE CHECK SHOULD BE PAYABLE TO "MFANTSEMANKUW OF CALIFORNIA". THANKS. Check in

X _____
Signature of applicant Digital signature



Date (mm/dd/yy)

Print