



Mfance



# Mfanceman 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