



MFANTSEMAN KUW OF CALIFORNIA

P. O. Box 342, West Covina, CA. 91793

info@mfantsemanofca.org

MEMBERSHIP REGISTRATION FORM



Member Name:

Last Name

First Name

Middle 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 #

Home Phone #

Cell. Phone#

Email Address:

(If Available)

Spouse's Name:

Member?

Yes.

No.

Name of Parents:

Father (Optional)

Mother (Optional)

Person to Contact in case of Emergency:



Last Name:

First Name:

Address:

Number and Street (P. O. Box)

City

State,

Zip Code

Phone #

Home Phone #

Cell. Phone#

Email Address:

(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

Dues:

Amount included: \$ _____

PLEASE, THE CHECK SHOULD BE PAYABLE TO "MFANTSEMANKUW OF CALIFORNIA". THANKS.

X:

Signature of applicant



Date (mm/dd/yy)

CONFIDENTIAL

RESET

***** UCXG'VQ'RE

*****SUBMIT: Look at the top right.

