



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

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