



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.

