MEMBERSHIP APPLICATION

PERSONAL INFORMATION					
NAME:		BIRTHDAY (M/D):		DATE:	
HOME TEL #:	MOBILE #:		EMAIL:	:	
ADDRESS:					
PROFESSION:					
ADDITIONAL INFORMATION					
HOW DID YOU HEAR ABOUT US? WEB A FRIEND ACTIVE MEMBER					
EXPLAIN:					
DO YOU HAVE ANY SPECIAL SKILLS THAT YOU BELIEVE WILL BENEFIT OUR FUNDRAISING EFFORTS?					
			☐ YES		□ NO
IF YES, EXPLAIN:					
WERE YOU EVER A MEMBER OF AN ORGANIZATION?					□ NO
IF YES, THE NAME AND IN WHAT CAPACITY?					
HAVE YOU EVER LIVED IN THE VILLA & POINT COMMUNITIES?					□ NO
IF YES, WHERE?					
Special Note: You <u>DO NOT</u> need to have direct ties to the Point and Villa Area Communities to be part of this organization. Wadadli West USA Inc is open to all prospective members who wish to be friends of our organization and hence our communities. We do welcome your participation and your support. Thanks so much for your interest.					
SIGNATURE:				DATE:	
OFFICIAL USE ONLY					
□ ACCEPTED: □ REJECTED:					MEMBERSHIP #
☐ If Rejected, please explain in the following spaces:					DATE OFFICIALLY
					REGISTERED
AUTHORIZED SIGNATURES					
SHELLY HOOD, CHAIRMAN					DATE:
BERNARD HENRY, VICE CH	IAIRMAN				DATE:

MEMBERS CONTACT: