

CULTURAL ASSOCIATION OF NIGERIANS IN NORTH ALABAMA

Membership Application Form

Name (Dr./Mr./Mrs./Ms.): _____

Address: _____

Telephone: _____ **E-Mail:** _____

Membership Status/Dues (Select one):

- | | | |
|---|---------------------------|-----------------------|
| <input type="checkbox"/> Individual Membership | Registration Fee: \$35.00 | Monthly Dues: \$8.00 |
| <input type="checkbox"/> Student/Associate Membership | Registration Fee: \$20.00 | Monthly Dues: \$5.00 |
| <input type="checkbox"/> Family Membership | Registration Fee: \$50.00 | Monthly Dues: \$10.00 |

Family Members:

Last Name	First Name	Age	Relationship
Last Name	First Name	Age	Relationship
Last Name	First Name	Age	Relationship
Last Name	First Name	Age	Relationship
Last Name	First Name	Age	Relationship
Last Name	First Name	Age	Relationship

Method of Payment: ☐ Cash ☐ Check payable to: CANNA

Signature: _____ **Date:** _____