

LIBERIAN AMERICAN COMMUNITY OF SOUTHERN CALIFORNIA

MEMBERSHIP APPLICATION

Applicant's last name	First	Date
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Address	City/State	Zip code
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Date of birth(yr. optional)	Home phone	Cell phone
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Applicant's nationality if not Liberian: _____

Marital Status: Married () _____ Single ()

Name of Spouse

In signing below we are hereby applying for membership as apart of The Liberian American Community Organization of Southern California. We therefore solemnly promise to do everything in our will power, base on our membership privileges. We will support the association towards the achievement of its goals and objectives, attend call meetings, pay our dues regularly in a timely manner; and volunteer to assist in the implementation of fundraiser projects, as long as these remain consistent with the rule of laws of the United States of America and its related constituencies.

Please list those in your household (18 and above) who will be registered under this membership. Please also list you and your spouse as well below.

NAME	DATE OF BIRTH	SIGNATURE
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Total members for this application: _____

(PLEASE TURN OVER)

Enclosed is our contribution of:

 \$100.00 annual membership fee

 \$50.00 semi-annual membership fee

Please make check payable to The Liberian American Community of Southern California OR LACOSC.

NOTE: Membership Application fees are nonrefundable.

Please list those below 18 years of age in your household.

NAME	DATE OF BIRTH	HOBBIES(if any)
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Are you interested in volunteering with LACOSC in either a direct service or advocacy capacity?

 Yes  No

FOR OFFICIAL USE ONLY (DO NOT WRITE BELOW THIS LINE)

Organization Affiliation:_____ Membership Status:_____

Membership qualification, Article:_____ Section_____ of (LACOSC) Constitution

Application fee paid: (\$_____) Application Approved by:_____

Date Approved:_____

Authorized Signatories:_____

PRESIDENT/SECRETARY/ TREASURER

PLEASE MAIL THIS FORM TO:

P.O. BOX 44941

LOS ANGELES, CA 90044

