Liberian Association of Pennsylvania, Inc

Membership Committee : 1155 South 54th Street, Philadelphia, Pa, 19143, www.Lapinc.Org

OFFICIAL MEMBERSHIP FORM

Personal Information: **Form Number:_____**

1._____ _____ _____

Last name First Name Middle Initial(s)/ Name

2._____ _____ _____ _____

Street Address City State Zip Code

3. Gender: Male ( ) Female ( ) Place of Birth_____

4. County of Origin: _____ Date of Birth __/___/___/

5._____ _____ _____

Home Phone Cell Phone Email

6. Emergency Contact: Last Name:_____ First Name:_____ Relationship:_____

Address:_____ Phone#:_____

I do certify that the information provided here by me are true to the best of my knowledge and agree to abide by the constitution of the Liberian Association Pennsylvania and I am fully aware that failure to do so will cause my membership to be denied and/or revoked.

Name:_____ Signature: _____ Date: _____

_____Official Use Only_____

Was evidence of residency/Identification seen: Yes ( ) No ( ) If yes, Date:_____ Time:_____

Type of Residency/ Identification: PA State ID ( ) Pa Driver License ( ) Other(Specify) _____

Issued Date:——— Expiration Date:———Membership Status: Old ( ) New ( ),Was fee paid? Yes ( ) No ( )
Amount $_____ Initials_____ Membership Was: Approved ( ) Denied ( ) Revoked On Hold
Date:_____

Comment:

Print Your Name: _____Signature:_____ Date:

Membership Committee **Finance Committee**