

**Asaba Association, Inc.**  
 c/o President, 11202 Riverview Road, Fort Washington, MD 20744  
 www.asaba.org

**MEMBERSHIP FORM**

All prospective members of Asaba Association are required to complete this registration

**SECTION 1: MEMBER CONTACT INFORMATION**

<b>TITLE</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other, specify:		
<b>FULL NAME</b>			
<b>ADDRESS 1</b>		<b>MAIN TELEPHONE</b>	
<b>ADDRESS 2</b>		<b>WORK TELEPHONE</b> (if different)	
<b>ADDRESS 3</b>		<b>HOME TELEPHONE</b>	
<b>TOWN/CITY</b>		<b>MOBILE PHONE</b>	
<b>POST CODE</b>		<b>PRIMARY EMAIL</b>	
<b>COUNTRY</b>		<b>SECONDARY EMAIL</b>	

**SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS**

MEMBER TYPE	DESCRIPTION	REGISTRATION	MEMBERSHIP DUES	TOTAL
STANDARD	Individual / Couple	US\$25 / US\$35	US\$ ____	
HONORARY	Individual / Couple	US\$25 / US\$35	N/A	

**SECTION 3: MEMBER INFORMATION**

<b>GENDER:</b> MALE <input type="checkbox"/> FEMALE: <input type="checkbox"/>	<b>MONTH/DAY OF BIRTH:</b>
<b>OCCUPATION :</b>	<b>INDUSTRY:</b>
<b>REFERRED BY:</b>	

Declaration: I agree to abide by the rules and regulations of Asaba Association as set out in its Constitution and/or Bylaws.

<b>SIGNED</b> (or write name here)	<b>DATE</b> _____
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The information provided above will also be used to keep you informed about Asaba Association events in future.

*FOR Asaba Association USE ONLY:*

Date Received		Chk /PO rec'd		Payment confirmed		Receipt issued		Membership Start Date	
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Association Approval By President <b>SIGNED (President):</b>	<b>DATE</b>
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**BENEFITS**

**Making a Difference** / Asaba Association provides the avenue whereby group efforts enhance individual skills and experiences in bringing about change in the lives of the underserved members of society.

**Networking and Friendship** / Members are able to forge long-lasting relationships and network with one-another. The life-long bonds formed have greatly contributed to the growth and success of the organization.

**Life Insurance** / Asaba Association members may be eligible to purchase life insurance policy (with a designated family member as a beneficiary) on a purely voluntary, non-mandatory, basis, at low group rates. The life insurance policy requires no medical tests. The association will not pay, support, or contribute towards the life insurance premiums.