

Egba-Yewa Descendants Association Washington, DC Metro Chapter
P. O. Box 91338, Washington, DC 20090
Lori Oke Ati Petele

MEMBERSHIP APPLICATION FORM

NOTE: This application is required to be prepared by all new members and submitted with \$50.00, non refundable membership Registration Fee.

Personal Data:

Applicant's Name:

Current Address:

Street:

City: **Zip Code:**

Home Phone # **Cell** **E-Mail**

Status of your Membership: Single or Couple

PLACE OF BIRTH:

(a) Your Place Of Birth..... (b) Date of Birth:

(c) City/Village © Compound:

(d) State: (e) PLACE OF ORIGIN (if different from the above):.....

City/Village :

Compound :

State :

How do you know about Egba-Yewa Descendants Association?

Tell us about your self:

.....

.....

Applicant's Signature:

Date:

Thank you for your love for our Communities.