

Registration Form



Name: _____
first middle last

Address: _____ City: _____

State: _____ Zip: _____ E-mail address: _____

Phones: (home) _____ - _____ (cell) _____ - _____

Birth date and month: _____ / _____
month day

Select membership type:

Financial Member (\$130.00)

Non-financial Member (\$20.00)

Amount enclosed: cash: _____ check: _____ Balance owed: _____

Applicant's signature _____ Date: _____

Secretary's signature _____ Date: _____

*** Please mail completed form and fee to:
Nigerian Women Association of Columbia.
P O Box 8894. Columbia, SC 29202**