

THE GHANA ASSOCIATION OF OREGON

MEMBERSHIP REGISTRATION FORM

First Name:	MI:	Last Name:
Phone:	Email:	
Address:		
City:	State:	ZIP Code:
Occupation:		

OPTIONAL EMERGENCY CONTACT - USA

Name:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

OPTIONAL EMERGENCY CONTACT - ABROAD

Name		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

Should the association be involved with your private affairs in the event of an emergency?

YES NO

As a member, I'm willing to support the organization in the following ways (check all that apply)

- Cooking Event Planning Event Setup/Clean Up Fundraising Web Design
- Ghanaian Community Education Initiatives (cooking, language, arts, dance, drumming, etc. – PLEASE EXPLAIN)
- Performance (Ceremony, drumming, singing, dancing, MC, DJ, etc. - PLEASE EXPLAIN)
- Other (PLEASE EXPLAIN)

SIGNATURE

Signature of applicant:	Date:
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