

NIGERIAN INTERNATIONAL ASSOCIATION OF PENNSYLVANIA, INC
2837 Arcadia Avenue, Allentown PA 18103

Membership Application

Name: _____
Last First Initial

Spouse's Name: _____
 (If applicable) Last First Initial

Home Address: _____
Street Apt#

City State Zip

Occupation: _____ Spouse's Occupation: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____ Sex: _____

Other Family Members:

Name	DOB	M/F	Relationship

State of Origin: _____ Ethnic Group: _____

How do you hear about the association: _____?

Did you just relocate to Pennsylvania? _____ If Yes, from where _____

Why do you want to join the association: _____?

I understand that becoming a member obligates me to actively participate in the association's operational activities and attend all meetings which require quorum.

Signature _____ Date _____