



EBUSUA, INC. of the Washington D.C. Metro-Area

APPLICATION FOR MEMBERSHIP

1. Last Name Middle Name
 First Name Title
 Maiden Name

Present Address in US

2. Address
 City State Zip Code Phone No.

Address in Ghana

3. Address
 City Phone No.

4. Place of Birth Date of Birth

5. Mum's Name Father's Name

Spouse Details

6. Name
 Address *(If different from above)*
 City State Zip Code
 Country Phone Number

7. In Case of Emergency Contact Phone Number

Children

8. Child 1 Child 2 Child 3
 Child 4 Child 5 Child 6

Next of Kin (Beneficiary) Details

9. Name
 Address
 City State Zip Code
 Country Phone Number



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10. Ever Been an Ebusua Member Before? Yes No If Yes, When?

11. If Yes, Why Did You Leave?

Why Do You Wish to Reapply?

12. UPON APPROVAL OF MY APPLICATION, I AGREE TO PAY:
- i. A MEMBERSHIP REGISTRATION FEE OF TWENTYFIVE (\$25)
 - ii. A MONTHLY DUES OF TEN (\$10)
 - iii. A LIFETIME CONTRIBUTION OF FIFTY DOLLARS (\$50) WITHIN SIX (6) MONTHS OF ACCEPTANCE

13. FURTHER AGREE TO PARTICIPATE IN EBUSUA'S ACTIVITIES

Special Interest: Fund Raising Social Activities Trip Organizing Other (State Preference)

14. I ATTEST THAT I HAVE TRUTHFULLY ANSWERED THE ABOVE QUESTIONS AND I WILL ABIDE BY THE CONSTITUTION AND BY-LAWS OF EBUSUA AT ALL TIMES.

Signature Date

15. SPONSOR: I ATTEST, UNDER PENALTY OF PERJURY, THAT I HAVE KNOWN
TO BE A PERSON OF GOOD MORAL CHARACTER, AND TO THE BEST OF MY KNOWLEDGE, IS ELEGIBLE TO BE A MEMBER OF THIS ORGANIZATION.

Signature Date

DO NOT WRITE BELOW THIS LINE

REMARKS:

THE EXECUTIVE, UPON CONSIDERATION OF THE ABOVE INFORMATION
APPROVE REJECT THE APPLICATION FOR MEMBERSHIP

DATE: _____ SIGN: _____
PRESIDENT