

UNITED NIGERIAN ORGANIZATION BATON ROUGE, LOUISIANA.

P. O. Box 4324
Baton Rouge, Louisiana 70821 - 4324

MEMBERSHIP APPLICATION/REGISTRATION FORM GENERAL INFORMATION

TITLE	Dr Mr. Mrs. Ms. (Please circle accordingly)	FIRST NAME		LAST NAME	
ADDRESS				CITY	
STATE		ZIP CODE		COUNTRY	
POSTAL ADDRESS					
HOME PHONE		FAX #		WORK PHONE	
PAGER/MOBILE PHONE #			email address		
<small>AS A GOAL ORIENTED ORGANIZATION, MEMBERS ARE ENCOURAGED TO ACTIVELY PARTICIPATE IN THE ORGANIZATION'S ACTIVITIES. TO ACCOMPLISH THIS OBJECTIVE, SEVERAL COMMITTEES ARE ESTABLISHED TO FACILITATE THE ORGANIZATION'S DELIBERATIONS. IF YOUR MEMBERSHIP APPLICATION IS APPROVED, PLEASE CHECK WHICH OF THE FOLLOWING U.N.O. BR ACTIVITIES YOU INTEND TO BE INVOLVED. IT IS RECOMMENDED THAT YOU <u>LIMIT YOUR SELECTION TO TWO OR THREE COMMITTEES</u> THAT SUIT YOUR SKILLS AND MEET YOUR INTEREST.</small>					
PLANNING/PROGRAM DEVELOPMENT <input type="checkbox"/> PUBLICITY/PROMOTION <input type="checkbox"/> FINANCE <input type="checkbox"/>					
CONSTITUTION RESOLUTION <input type="checkbox"/> DISCIPLINARY <input type="checkbox"/> OTHER (Please specify)					
MEMBERSHIP CATEGORY					
Active membership <input type="checkbox"/>			Associate membership <input type="checkbox"/>		
NOTE: In addition to the registration fee, Active members are required to pay a annual due of one hundred and twenty dollars (\$120) to maintain the Active membership status.					
METHOD OF PAYMENT : Cash <input type="checkbox"/> Paypal or Check or Money order made payable to United Nigerian Organization Baton Rouge <input type="checkbox"/>					
Registration fee enclosed: \$ 25 (registration fees are non refundable due to administrative costs) Total Amount enclosed: \$					
Total Balance due		Billing preference: Annually: Payable within the first three months of the year or membership approval.			

Signature _____

Date _____

FOR OFFICE USE ONLY	
Amount received: _____ cash <input type="checkbox"/> check <input type="checkbox"/> money order <input type="checkbox"/>	Membership Status: Active <input type="checkbox"/> Associate <input type="checkbox"/>
other (please specify)	Registration/Membership #:
Complete Application <input type="checkbox"/> Incomplete Application <input type="checkbox"/>	Comment:
Recommendation: Approval <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Effective Date _____ Expiration Date _____	
Reviewing Officer:	