



# ASANTEMAN ASSOCIATION

of the Washington Metropolitan Area

---

---

## MEMBERSHIP APPLICATION FORM

*(Please include \$25 nonrefundable application fee)*

Name

First

Middle

Last

Other Name (if any)

Email ID

Present Address:..... Apt #.....

City:..... State:..... Zip Code:.....

Telephone

Hometown

Birthdate : Month..... Day.....

Place of Birth

Name of Spouse

Spouse's Hometown

*Names of minor children (18 years or younger) and their dates of birth:*

1)..... 2).....

3)..... 4).....

Mother's Name

Mother's Hometown

Mother's Present Address (if living)

Father's Name

Father's Hometown

Father's Present Address (if living)

---

***Two (2) persons for whom Association benefits may be claimed:***

1) Name..... Relationship.....

2) Name..... Relationship.....

---

***Next of Kin:***

1) Name..... Relationship.....

---

***In Case of Emergency, Notify***

Name (in USA)..... Relationship.....

Telephone

Name (in Ghana)..... Relationship.....

Telephone

---

Applicant's Signature

Date

---

Reviewer's Comments

Reviewer's Name

Signature

President's Name

Signature

---

Application Fee Paid: [ ] Yes [ ] No [ ] N/A

Date of Approval