



NORTH AMERICA

All prospective members of KFANA are required to complete this registration form. Indicate any changes: **NEW MEMBERSHIP** **RENEWAL** **Changes of personal info?**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms		
NAME						
ADDRESS 1					MAIN TELEPHONE	
ADDRESS 2					WORK TELEPHONE (if different)	
ADDRESS 3					HOME TELEPHONE	
TOWN/CITY					MOBILE PHONE	
ZIP CODE					PRIMARY EMAIL	
JOB TITLE:					SECONDARY EMAIL	

*Star the e-mail and phone number you would like listed in the directory

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (one time only)	Please Check
Active member	Full Membership (Active) <i>Active Member:</i> a person actively participating in the running of the Organization and he/she is in good standing in terms of payment of membership fees, dues, donation, and meeting attendance etc.	\$100	
	<i>Inactive Member:</i> a person with a continuing interest in the objectives of the Organization, who is in good standing in payment of the membership fees, but who no longer participates actively in the running of the Organization.		
Honorary Member	<i>Honorary Member:</i> a person who becomes a life member by being honored for his/her outstanding participation in the Organization. Such a member may choose to be active or inactive	\$200	
	MONTHLY CONTRIBUTIONS	\$25 per member	
	For Membership descriptions see website http://www.koindufamily.org		
PAYMENT METHOD	<input type="checkbox"/> Personal Check <input type="checkbox"/> Online Payment		

SECTION 3: MEMBER INFORMATION

Member KFANA: <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to receive KFANA membership information? : <input type="checkbox"/> Yes <input type="checkbox"/> No
Member of other Koindu Organization? Check all that apply. YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you subscribe to the KFANA email list? Y <input type="checkbox"/> or N <input type="checkbox"/> If no, would you want to be subscribed? (provide e-mail address if not listed)
Please indicate if you would be willing to serve on a leadership team or committee: <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time Is there a specific committee you would like to serve on? _____ (Committees are listed at http://www.koindufamily.org)
Permission to use photographic images: Photographs of KFANA members may be used in various KFANA communications incl. the newsletter and website. Group photographs taken at KFANA events may be used without identifying individual members. For individual photographs, please indicate your permission for use: _____ KFANA has my permission to use and identify photographs of me. _____ KFANA does not have permission to use and identify photographs of me. _____ KFANA must contact me before using any identified photographs of me in KFANA communications.

To pay by check: Send a check made payable to Koindu family association North America, C/o Saidu Kabba: 2278 Paces Ferry Road, Smyrna, GA 30080 Phone 703 992 5341. Regardless of payment method used, please make sure to send a copy of your membership form to koindufamily@gmail.com.

I have read and understand the Constitution and Bylaws of KFANA. I agreed to adhere to the constitution and Bylaws of KFANA.

Date: _____

Signature: _____

