



Membership & Registration Form

First Name: _____

Last Name: _____

Type of membership: Single: Family: Student: Associate membership:

Gender: Male: Female:

Please check one: Permanent resident: Citizen: Student Visa: Other:

If other, Please Specify: _____

Address: _____ Apt. No. _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____ E-mail: _____

Marital Status: Married: Single: Divorced: Widower:

Profession: _____ If Self-employed Check:

Spouse Name: _____

No. of Children: _____ Age/Sex: _____

Children(s) Name: _____

Annual Membership Dues:

Single Member: Any person who is at least 18 years old can apply to become a single member at a cost of **\$20/year**.

Family Membership: Applies to households consisting of a (husband/father), (wife/mother) and children who are under 18 years of age. Cost of membership is **\$40.00/year**

Associate Membership: Applies to person(s) with heritage background that is not of Yoruba origin. Cost of membership is **\$100.00/year** (Associate membership is defined in the by-law)

There shall be a non-refundable registration fee of \$15.00, \$30.00 and \$50.00 for single, family and associate members respectively payable during submission of registration form.

MEMBERSHIP PLEDGE:

I pledge to be loyal to "The Foundation" and to promote its good image;
To be faithful and dedicated to the causes of the Foundation, its Bylaw, and its elected representatives;
To refrain from acts that can compromise or breach the pledge of my membership; nor participate in cause(s) that will directly or indirectly bring any harm to the Foundation or its members.

Signature: _____ Date: _____

Disclaimer

To ensure due diligence in complying with the appropriate privacy regulations, the information we are collecting will be used, retained and disclosed when required only for the purposes for which it was collected. Any further use or disclosure will only be permitted with the consent of the owner.