



Chittagong Association of North America Inc.

চিটাগাং এসোসিয়েশন অব নর্থ আমেরিকা ইনক

545 McDonald Ave Brooklyn, NY 11218

Photo
Life Member only

MEMBERSHIP APPLICATION FORM

APPLICANT'S INFORMATION: Please Check New Renewal General Life

Last Name _____ First Name _____ MI _____

Address (in USA) _____ Apt _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Address In Bangladesh _____

P.S./Upazilla _____ District _____ Phone _____

SPOUSE /EMERGENCY CONTACT PERSON INFORMATION:

Last Name _____ First Name _____ MI _____

Address (If different from above): _____

City _____ State _____ Zip Code _____ Phone _____ Cell _____

If spouse/contact person does not live in USA: Address: _____

P.S./Upazilla _____ District _____ Phone _____

Membership Status: General \$ _____ Life: \$ _____ Others: _____

1) Are you 18 years of older? YES NO Year of Birth. _____

2) Are you a current member? YES NO (If yes please indicate the Member ID # _____)

3) Are you a member of any regional association? YES NO
If yes please indicate name of the association _____

I do hereby declare that above information is true to the best of my knowledge and belief. If any false information is found will be subject to cancellation of my membership.

Signature of Applicant Date

INTRODUCED BY: Name _____ Tel: _____

Voter # _____ Address _____

I do hereby state that the above name of person is known to me and best of my knowledge and belief he/she meets the entire requirement of membership. I also understand that if any false information is found will be subject to cancellation of my membership.

Signature Date

For Office Use Only:

Membership Status General: _____ (For 2 years) Life: \$ _____ Others: _____

Payment Method: Amount \$ _____ Cash/Check / Money Order No: _____ Receipt No. _____

Approved By: _____
Officer of the Interim Committee Officer of the Interim Committee Verified By: _____ Date: _____

Member ID: _____ Exp : _____

If disapproved (comment) _____