



# OKUAPEMAN FEKUW OF CHICAGO

## YOUTH AND YOUNG ADULTS MEMBERSHIP APPLICATION

TO FILL THIS FORM PARENTAL CONSENT IS NEEDED FOR YOUTH (13-17) APPLICANTS. YOUNG ADULTS (18-24) ARE ENCOURAGED TO INFORM PARENTS ABOUT THEIR DECISION TO BE PART OF THIS ORGANIZATION

Name (Mr./Ms.)	<input type="text"/>		
Date of Birth	<input type="text"/>	Day of Birth	<input type="text"/>
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Current Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		ZIP Code	<input type="text"/>

### PARENTS

I  authorized my child to join Okuapeman Youth and Young Adults Organization.

Parent's Signature

Mother's Name	<input type="text"/>	<input type="text"/>
Father's Name	<input type="text"/>	<input type="text"/>
Guardian/Sponsor	<input type="text"/>	<input type="text"/>

### POLICY

The organization's policy is to provide equal opportunities to all regardless of religion, gender, sexual preference, or disability. Thank you for completing this application form and for your interest in membership.

### AGREEMENT AND SIGNATURE

I certified that the information provided on this form is true and complete; I understand that there is a \$5.00 non-refundable application fee that must accompany this form. The club retains the right to change the application fee at its own discretion.

Signature of Applicant	<input type="text"/>	Date	<input type="text"/>
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### ORGANIZATION USE ONLY

Date Joined	<input type="text"/>		
Initiation Fee \$5.00	<input type="text"/>		
Signature of President	<input type="text"/>	Date	<input type="text"/>