



OKAUPEMAN FEKUW OF CHICAGO

MEMBERSHIP APPLICATION

Name (Mr./Ms./Mrs.)

Date of Birth Day of Birth

Home Phone Cell Phone

Current Address

City State ZIP Code

CHILDREN

Number of Children under 18:

Children's Name Date of Birth

Children's Name Date of Birth

Children' Name Date of Birth

Children's Name Date of Birth

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, 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 \$20.00 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 Date

ORGANIZATION USE ONLY

Date Joined

Initiation Fee \$20.00

Signature of President Date