

HMONG ASSOCIATION, INC. MEMBERSHIP FORM

Name of Head of Household: _____

Submitted by Clan Representative:

Submitted by self, individual:

_____ Address _____ City _____ State _____ Zip Code _____ Telephone _____

_____ Membership effective date _____ Total Membership Fee Paid _____ Number of Membership Years _____

NAME	DATE of BIRTH	AGE/SEX	RELATIONSHIP	SO. SECURITY (optional)	SCHOOL/EDUCATION LEVEL
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					
11. _____					
12. _____					
13. _____					
14. _____					
15. _____					

I, head of household, stated that the information provided here by me are true and accurate. Upon I signed on this form, I and my family members as stated on this form have accepted and abided by HMONG ASSOCIATION, INC.'S membership policy (if any).

Membership fee is \$1/person HAI 2450 E. Hwy 412 Suite C, Siloam Springs. AR 72761

_____ Signature of Head of household

_____ Date