



Ijaw Women of America Inc.

Membership Application

Registration Fee: \$100.00 (Non Refundable)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Birthdate: _____

Ijaw Origin

State of Origin: _____ L. G. A: _____

Town: _____ Village: _____

Why do you want to be a part of Ijaw Women of America Incorporated?

References

Who referred you": _____ Phone: _____

Emergency Contact US: _____ Emergency Contact NG: _____

Additional Comments if any: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

*I have never been convicted of any violation of law, including any **misdemeanors**, serious moving traffic violations.*

I agree that by signing this form I will abide by the constitution and bylaws of IWA, I understand that any false or misleading information in my application or interview may result in my release and denial of membership.

Signature: _____ Date: _____