ABANGEL.ORG

 MEMBERSHIP FORM

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I want to use the services of Abangel.org

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_States/Providence\_\_\_\_\_\_\_\_\_\_\_\_Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one of the following levels you if you reside in:

 \_\_\_\_\_AUSTALIA, CANADA, EUROPE, &USA the fee is: **$30.00** \_\_\_\_\_AFRICA the fee is: **$20.00**

MONTANT PAID$\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AND DATE\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

NON REFUNDABLE, TRANSFERABLE THE ABANGEL.ORG MEMBERSHIP FEE: APPLICATION SHOULD BE SENT WITH PROOF OF PAYEMENT.

FOR MORE QUESTIONS PLEASE CONTACT US OR VISIT OUR WEBSITE ABANGEL.ORG.

TOGETHER WE WILL MAKE ABANGEL GREAT.

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**ABANGEL STAFF ONLY**

ISSUED DATE\_\_\_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_ EXPERED DATE \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

ABANGEL AGENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_/\_\_\_/20\_\_\_