



KRIO DESCENDANTS UNION CALIFORNIA Inc.

Mission: "Working to preserve and disseminate Krio history, language and culture, while simultaneously providing humanitarian assistance to Krios, their descendants, and friends"

MEMBERSHIP APPLICATION FORM

MEMBERSHIP #: _____ (OFFICIAL USE) **DATE:** _____ (OFFICIAL USE)

MEMBERSHIP ACCEPTANCE

- ☐ *I accept admission as a member of Krio Descendants Union California Inc.*
- ☐ *I agree to abide by the Constitution and By-Laws of Krio Descendants Union California Inc.*

FIRST NAME: _____ **LAST NAME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

E-MAIL: _____

HOME TELEPHONE #: _____

CELL PHONE #: _____

BIRTH DATE: _____ (*OPTIONAL: Month & Day only for birthday recognition*)

MEMBERSHIP FEE: \$10 Monthly or \$120 Annually (Singles); or \$180 Annually (Married couples)

- ☐ **Zelle:** togedawenarwanfambul@gmail.com
- ☐ **Check/Money Order:** Payable to: "Krio Descendants Union California Inc."
Mail to: 24355 Creekside Road, #802431, Santa Clarita, CA 91380

SIGNATURE: _____ **DATE:** _____

Krio Descendants Union California Inc is a registered non-profit corporation. All donations are tax deductible.