PRINT

The Cutural Association of Nigerians in North Alabama

P. O. Box 259, Normal, Alabama 35762
www.canna-usa.org

Membership Application Form

Name (Dr./Mr./Mrs./Ms.) _____

Address: _____

City: _____ **State** _____

Telephone: _____ **E-Mail** _____

Membership Status/Dues (Select one):

☐ **Individual Membership**	**Registration Fee: $35.00**	**Monthly Dues: $8.00**
☐ **Student/Associate Membership**	**Registration Fee: $20.00**	**Monthly Dues: $5.00**
☐ **Family Membership**	**Registration Fee: $50.00**	**Monthly Dues: $10.00**

Family Members:

Last Name	**First Name**	**Age**	**Relationship**
Last Name	**First Name**	**Age**	**Relationship**
Last Name	**First Name**	**Age**	**Relationship**
Last Name	**First Name**	**Age**	**Relationship**
Last Name	**First Name**	**Age**	**Relationship**
Last Name	**First Name**	**Age**	**Relationship**
Last Name	**First Name**	**Age**	**Relationship**
Last Name	**First Name**	**Age**	**Relationship**

Method of Payment: ☐ **Cash** ☐ **Check payable to: CANNA**

Signature: _____ **Date:** _____