



United Nationals Organization of Burma (USA)

UNOB, P.O.Box 20196, West Palm Beach, FL-33416

MEMBERSHIP APPLICATION FORM

Applicant's information

Name(s)		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		Apt#	
City			
State			
ZIP Code			
Telephone (home)			
Telephone (Cell)			
Fax			
E-Mail			

How did you hear about us?

- Website
 Newspaper
 Conference
 Word of mouth
 College/Education center
 Other

Declaration by applicant

I apply to become a member of the UNOB. I have read Constitution and Bylaws of UNOB. I agree that in the event of my election to membership at UNOB and I certify that the statements contained in this form are correct to the best of my knowledge and belief at this time.

X

Signature of applicant

Date

Do not write in this block (Office use only)

Date:	Memo:
Approved by:	