

# Membership Application



Date:

Name:

Address:

State/Province:

Zip/Postal Code:

Country:

Home Phone:

Cell Phone:

Email Address:

New England Umoja Foundation, Inc.  
 P.O Box 4252  
 Springfield, MA  
 United States  
 01101  
 Phone:  
 Fax:  
[www.NewEnglandUmoja.net](http://www.NewEnglandUmoja.net)

**What interest you the most about being a part of N.E.U?** (please attach a separate sheet for more)

**I am interested become a N.E.U member, indicate your choices which you would like to volunteer**

(select all that applies)

- Fundraising     
  Public Relation     
  Office Assistance     
  Teaching  
 Sports     
  Tradition & Culture     
  Board Member     
  Technology  
 Other

**When are you available to help?** (if you are available on Friday at 12pm to 5pm, Write 12pm - 5pm Friday on Afternoon Hours)

Days	Morning Hours	Afternoon Hours	Nights Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Other available hours to volunteer:

May we contact you at the information provided above for gifts, events, & others...?  yes  no

If No, Contact me at:

Address:

Phone:  Email:

**Membership Fees: Fees apply for 12 months from date of registration.**

**Payment Terms (please make checks or purchase orders to New England Umoja Foundation, Inc.)**

- I want to pay \$50.00, 1 year membership fee
- I want to pay \$90.00, 2 years membership fee

Check that apply only below:

- I am attaching a check for \$
- I am attaching a money order for \$
- I am intend to wire transfer the amount due, and I understand I should add USD \$15.00 to the amount due for this purpose

**Intent to join N.E.U Foundation, Inc**

Subject to acceptance of this membership, I agrees to pay N.E.U Foundation, Inc. membership dues for the first twelve months and to observe the terms and conditions of N.E.U's Participant Agreement. I understand that my name will be listed as a Member when N.E.U Foundation, Inc. receives Membership Dues.

Authorized Individual Name:

Signature:

Today's Date:

Full Name:

Signature:

**Do Not Write On This Space For Official Use Only:**