EFIK WOMEN ASSOCIATION, USA , INC.

Motto:Unity, Strength, and Progress (Edidiana, Uko Ye Nkori

MEMBERSHIP APPLICATION FORM

Full Name_____

Phone Number _____ Email _____

Address (No.,Street Name, City, State)_____

_____

Emergency Contact Information

Full Name _____

Phone Number_____

Membership Eligibility; Thick all applicable boxes

- ☐ I am a female of at least 18 years of age.
- ☐ I have at least one Efik biological or adoptive parents, or grandparents.
- ☐ I am Efik by marriage
- ☐ I was born in Calabar, or I have been a long-time resident, and I identity with The Efik people, language, custom and culture.

Fees, Dues, Voluntary Contribution

Upon Acceptance, I agree to pay:

- ☐ One-time Non-Refundable Registration Fee; ($50)
- ☐ Monthly Membership Dues, $10.00.

Note: Payable: **Annually: $120.00**
Semi-annually: $60.00
Quarterly: $30.00
Monthly: $10.00

- **Members are encouraged to make Voluntary Contribution to EWA Emergency Fund, in any amount.**
- **Kindly make Payments VIA ZELLE TO: matong2000@yahoo.com**

Volunteer service: thick applicable options

- ☐ Project development
- ☐ Grant and funding source
- ☐ Event planning
- ☐ Community outreach
- ☐ Efik language, dance, culture
- ☐ Member welfare check

Please return the completed form to Mrs. Ikejiofor at: efikwomenassociation@gmail.com

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Date