



NIGERIAN ASSOCIATION OF WEST MICHIGAN (NAWM)



P.O BOX 2743 GRAND RAPIDS, MI 49501

MEMBERSHIP APPLICATION FORM

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

E-MAIL: _____

FAMILY MEMBERS: _____

STATE IN NIGERIA: _____

WHEN WOULD YOU WANT TO BECOME A MEMBER: _____

SIGN: _____ DATE: _____

PRINT NAME: _____