

Payment can be completed online via



www.nacausa.org

NEW MEMBERSHIP

RENEWAL MEMBERSHIP

MEMBERSHIP CATEGORY

REGULAR.....\$25

FAMILY ASSOCIATE.....\$40

ASSOCIATE.....\$60

BUSINESS ASSOCIATE.....\$100

Checks, Money Order & PayPal accepted.

Membership Application

A COPY OF YOUR GOVERNMENT ISSUED ID CARD MUST BE ATTACHED TO THIS APPLICATION. THIS FORM MUST BE SIGNED BY THE APPLICANT.
Please Print. Information must be legible

PLEASE PRINT, COMPLETE & MAIL TO THE ADDRESS BELOW

FIRST NAME:		MI:	LAST NAME:	
STREET ADDRESS:			APT #	DATE OF BIRTH: / /
CITY:	STATE:	ZIP CODE:(OR MAIL CODE)		MOBILE PHONE:
NATIONALITY:		STATE OF BIRTH:		REGION:
COUNTRY OF RESIDENCY: (WHERE YOU ARE LIVING NOW)		HOW LONG: IN THE COUNTRY)		HOME PHONE:
NAME OF EMPLOYER:			YOUR EMAIL:	

BENEFICIARY INFORMATION

FIRST NAME:		BENEFICIARY LAST NAME:		
RELATIONSHIP:	DOB: / /	PHONE:		

If accepted for membership, I pledge to respect all laws of the United States of America and the Federal Republic of Nigeria. I understand that *Nigerian-American Community Association (USA), Inc.* regulates the use of the *NACA (USA), Inc.* name & emblem and I cannot use same on advertising, card, etc without the express permission of the *Nigerian-American Community Association (USA), Inc.* **To maintain the integrity of the association, it is required that you must submit a copy of your government issued identification card with this application.** Beneficiary must be listed on the application. If no beneficiary was specified, *NACA (USA), Inc.* will be the default beneficiary. Date Of Birth of beneficiary must also be included on this application. All information is kept strictly confidential. **All NEW members must be voted in at a general membership meeting.** If you are denied membership, you will be refunded. The application process for NEW members will take approximately 1 month. **Renewals must be received before November 31st of each year or late fee will be accessed.** There is a minimum of 2 general meetings per year. Elections are every 2 years (even years). Active members in "Good Standing" are eligible to run for office and vote. Meeting information, bulletins, and updates will be posted on the website www.nigeriancommunity.org OR www.nacausa.org. I attest that I am qualified to apply for membership, and that the information supplied by me on the application is both accurate and truthful in applying for membership, and that any misrepresentation or deception on my part will be grounds for the denial of my application or expulsion from the association. *NACA (USA), Inc.* is not responsible for lost mail. Please retain a copy of this completed application for your record.

APPLICANT SIGNATURE: x

DATE: / /

Make Check or Money
Order Payable to:
NACA (USA), INC.
P.O. Box 140658
STATEN ISLAND, NY 11369

How will you like to receive
correspondence from NACA (USA), INC?

Text Email

Office use only

ID Benef. Info Recomm. Signed Date Recv'd ___/___/___ Date Processed ___/___/___ Voted In: Yes No

Payment: M/O PayPal Chk # _____ Amt Recv'd: \$ _____ Cash Rcpt Issued Treasurer Init: _____

Memb. Chair. Init.: _____ Exec, VP Init.: _____ Secretary Init.: _____