



# Liberian Association of Pennsylvania, Inc



Membership Committee : 1155 South 54<sup>th</sup> Street, Philadelphia, Pa, 19143, www.Lapinc.Org

## OFFICIAL MEMBERSHIP FORM

Personal Information:

Form Number: \_\_\_\_\_

1. \_\_\_\_\_  
Last name First Name Middle Initial(s)/ Name

2. \_\_\_\_\_  
Street Address City State Zip Code

3. Gender: Male ( ) Female ( ) Place of Birth \_\_\_\_\_

4. County of Origin: \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_

5. \_\_\_\_\_  
Home Phone Cell Phone Email

6. Emergency Contact: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

*I do certify that the information provided here by me are true to the best of my knowledge and agree to abide by the constitution of the Liberian Association Pennsylvania and I am fully aware that failure to do so will cause my membership to be denied and/or revoked.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Official Use Only \_\_\_\_\_

Was evidence of residency/identification seen: Yes ( ) No ( ) If yes, Date: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Residency/ Identification: PA State ID ( ) Pa Driver License ( ) Other( Specify) \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Membership Status: Old ( ) New ( ), Was fee paid? Yes ( ) No ( )  
Amount \$ \_\_\_\_\_ Initials \_\_\_\_\_ Membership Was: Approved ( ) Denied ( ) Revoked On Hold  
Date: \_\_\_\_\_

Comment:

Print Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Committee

Finance Committee