



CAPE VERDEAN WEST ASSOCIATION APPLICATION FOR MEMBERSHIP

_____/_____/_____
Name (Last, First, Middle Initial) Date of Birth (MM / DD / YYYY)

Address City State Zip Code

_____(____)____-____(____)____-____
Email Address Home Phone Business Phone

NAME & RELATIONSHIP OF IMMEDIATE FAMILY

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

NOTIFY IN CASE OF EMERGENCY

Name
_____(____)____-____
Relationship Phone Number

OATH OF MEMBERSHIP

I the undersigned, do solemnly promise as a member of this Association, to endeavor the best of my ability to support the Constitution and By-laws of the organization; I assure that I will strive towards making the Cape Verdean West Association a better organization by carrying out all of the duties and responsibilities accepted by me, to a timely and successful conclusion.

_____/_____/_____
Applicants Signature Date (MM / DD / YYYY)

Sponsor

For Association use only

Comments

e-mail: cwvassociation@yahoo.com or sosabe_cellars@msn.com