



NWCO REGISTRATION FORM

TODAY'S DATE _____

NAME _____

ADDRESS _____

HOME PHONE _____ CELL _____

E-MAIL _____

DATE OF BIRTH (mm/dd) only _____

I hereby apply to join The Nigerian Women Cultural Organization Of Miami Valley (NWCO) group . I agree to read and abide by the By-Laws and Constitution of NWCO. I further agree, as a condition of membership, to hold the organization harmless in the event I suffer an injury or damage during NWCO business/function.

I agree to pay my yearly dues of \$120.00 plus a non-refundable fee of \$50.00, to be included with this form as a new member. These are the conditions for new membership.

SIGNATURE _____

DATE _____

NWCO APPROVAL _____

DATE _____



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All members are required to be active in one or more committees.

Please check one or more of these committees you have interest:

_____ **Publicity**

_____ **Membership**

_____ **Community Outreach**

_____ **Hospitality**

_____ **Hall Decoration**

_____ **Constitution Review**

_____ **Fund-raising events**

Please mail this completed Form with the amount due to

**NWCO, Of Greater Miami Valley,
P.O Box 225
8235 Old Troy Pike,
Huber Heights, OH 45424**

Or

**For more information send email to
nwcodayton@gmail.com**