



Edo National Association

WORLDWIDE

347 5th Avenue, Suite 1402-218, New York, New York, USA. 10016
1-646-205-8044

MEMBERSHIP APPLICATION

New Application

Recertification

CLUB/ORGANIZATION:

Club/Organization Name: _____

Other Name(s): _____

Address: _____

State: _____ Zip Code: _____ Country: _____

Email: _____ Website: http://_____

Reasons/Purpose/Mission of the Organization/Club:

(Please use additional sheets to provide more information if needed)

Is your Organization/Club registered or incorporated: Yes No

If No, do you plan to register or incorporate your Organization/Club: Yes No

If yes, Date of Registration: _____ State/Country: _____

Type of registration: _____ ID Number: _____

Is this club a parallel club to an already existing ENA member organization club in the same city

Yes No *If yes, please list the names of the Organization/Club*

1. Are you a previous member of ENAW? Yes No

If yes, what was the year of last registration? _____

Reason(s) for inactivity: _____

2. If you are not a previous member, please tell us why you want to join ENAW:

(And answer questions 3 to 6) (Please use additional sheets to provide more information if needed)

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3. Do you, your members and organization/club/affiliates accept and agree to be bound by the Constitution, by-laws, rules and regulations of Edo National Association Worldwide? **Yes** **No**

 4. Do you agree to pay a non refundable one time registration fee of \$350 per each club and annual dues of \$300.00 per each club. **Yes** **No**

 5. Do you agree to pay all other dues and levies approved by the applicable ENAW Committee. **Yes** **No**

 6. Are you or your club willing to represent ENAW when called upon? **Yes** **No**

LIST OF PRIMARY OFFICERS *(Please submit a list of current members with their names and email addresses)*

President: _____ Address: _____

State: _____ Zip Code: _____ Country: _____

Mobile Telephone: _____ Home Telephone _____

Work Telephone: _____ Email: _____

Secretary: _____

Address: _____

State: _____ Zip Code: _____ Country: _____

Mobile Telephone: _____ Home Telephone _____

Work Telephone: _____ Email: _____

Treasurer: _____

Address: _____

State: _____ Zip Code: _____ Country: _____

Mobile Telephone: _____ Home Telephone _____

Work Telephone: _____ Email: _____

Payment method:

_____ Cash: Amt. \$ _____ United States Post Office Money Order: Amt. \$ _____

_____ Check Enclosed: Amt. \$ _____ payable to: Edo National Association Worldwide
Mail to: Edo National Association Worldwide, 347 5th Avenue, Suite 1402-218, New York, New York, USA. 10016

_____ Credit Card: _____ Visa _____ Master Card _____ Discover _____ American Express _____ Other

Act. #: _____ Expiration Date: _____ Security Code: _____

Name on card: _____ Authorization to Charge Credit Card

This is to confirm that the information above is correct. I understand that any misrepresentation, omission, and falsification of facts are a cause for dismissal. Please submit this application form and all required information to: *Edo National Association Worldwide, 347 5th Avenue, Suite 1402-218, New York, New York, USA. 10016.*

A confirmation letter will be mailed to you or your club after the applicable committee has made a decision,

Signature

Date

ENAW OFFICIAL ONLY

Approved on: _____ *(attach meeting minutes)*

ENA Secretary: _____

COP Chairman: _____