AFRICA AMERICA CRISIS ASSISTANCE NETWORK, INC.
P. O. BOX 440151
KENNESAW, GEORGIA 30160

MEMBERSHIP APPLICATION

[ ] MALE [ ] FEMALE [ ] FORM NO.

Name: _____
Family Name First Middle

Date of birth: _____

SS number: _____

Home Address: _____

Office Address: _____

Telephone(s): _____

Occupation: _____

Have you ever been convicted of any crime other than traffic violation? Yes____ No____

(if yes explain.) _____

Area of interest (check as many):
[ ] Community Development Service
[ ] Youth Service
[ ] International Service
[ ] Education Service
[ ] Health Service
[ ] Organization Service

1. If accepted, will you participate in 70% of the AACAN programs/activities? Yes ____ No____

2. Are you willing to pay membership dues ? Yes ____ No____

I understand and accept the principles of AACAN as expressed in its purpose and objectives, and agree to comply with and be bound by the constitution/by-laws of the organization.

Signature: _____ Date: _____