



Bul Community Association

Membership Form

Name: first _____ middle _____ last _____

Sex: Female Male

Marital status: Single Married Divorced Widowed

Date of birth: day _____ month _____ year _____

Address: _____

City/Town: _____

Postal code: _____

E-mail: _____

Name of the current leader: _____

Registration fee \$50.00 per member

Membership fee \$10.00 per month

I _____ hereby certify that all statements on this form are correct and complete and that all my responsibility and failure will count from this date I have submitted this application to my chair leaders.

Signature: _____

Date submitted: _____