

IGBO UNION OF NEW MEXICO

Membership Application Form



NOTE: Membership application is free. However, all applications must be accompanied with a 3 month due payment. Monthly due is \$10 per month per member. No family membership
zelle all payments to iunmreal@gmail.com ensure to specify 1st time monthly dues

Candidate information (Home)

Name _____
Address _____
City, State ZIP _____
Phone _____
Email _____

Candidate work information (optional)

Company _____
Name _____
Address _____
City, State ZIP _____
Phone _____
Email _____

APPLICATION TYPE

New Membership

Reinstatement

The date you want your membership to be effective

Start Date: _____

Amount enclosed \$ _____
zelle payments to iunmreal@gmail.com

How did you hear about us?

Statement of understanding

By applying for membership to the **Igbo Union of New Mexico** I agree to be bound by all the provisions of its constitution and Bye laws

Name / Signature

Date

Membership Status

APPROVED

DENIED

If denied give reason

Signature of Preident of IUNM or Designee

Date: