



HALALA MEMBERSHIP FORM

MEMBERS NAME:

ADDRESS:

TEL: EMAIL:

CHAPTER NAME IF ANY:

FOR IMMEDIATE FAMILY MEMBERS ONLY BIOLOGICAL PARENTS, CHILDREN, BROTHERS/ SISTERS AND SPOUSE. THOSE OVER 18YEARS OF AGE LIVING IN THE USA MUST COMPLETE A SEPARATE FORM

1st Relative – Name:

Resident:

2nd Relative – Name:

Resident:

3rd Relative – Name:

Resident:

4th Relative – Name:

Resident:

5th Relative – Name:

Resident:

6th Relative – Name:

Resident:

7th Relative – Name:

Resident:

8th Relative – Name:

Resident:

9th Relative – Name:

Resident:

10th Relative – Name:

Resident:

11th Relative – Name:

Resident:

12th Relative – Name:

Resident:

13th Relative – Name:

Resident:

14th Relative – Name:

Resident:

15th Relative – Name:

Resident:

AS A HALALA MEMBER I AGREE TO DO AS FOLLOWS.

Ensure that my membership is paid and renewed yearly.

I am required to attend all Halala USA events and especially the AGM yearly.

I know that my membership fee is- \$ 50.00 yearly \$25.00 to my chapter and \$25.00 to Halala USA.

I am aware that I am only a member is my membership is current at chapter level and Halala USA

Membership forms should be mailed directly to – 390 Park Avenue East Orange New Jersey 07017

Member's signature and date: