



UNITED LIBERIAN ASSOCIATION OF HOUSTON (ULAH) MEMBERSHIP FORM

* All prospective members of ULAH are required to complete this membership registration form. Membership dues payment runs from January 1st - December 31st each year* ☐ **NEW MEMBERSHIP** ☐ **RENEWAL**

SECTION 1: MEMBER CONTACT INFORMATION

| | |
|------------------|--|
| TITLE | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms |
| NAME | |
| ADDRESS 3 | HOME TELEPHONE |
| TOWN/CITY | MOBILE PHONE |
| ZIP CODE | PRIMARY EMAIL |

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

| MEMBER TYPE | DESCRIPTION | MEMBERSHIP DUES | Please Check |
|------------------|-------------------|-----------------|--------------|
| REGISTRATION FEE | Registration fees | \$10 | |
| MEMBERSHIP Dues | Full Membership | \$60 | |
| MONTHLY DUES | Monthly Due | \$5 | |

SECTION 3: MEMBER INFORMATION

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| OCCUPATION /JOB TITLE: |
| Do you wish to subscribe to the ULAH listserv? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, please provide e-mail address if not listed: _____ |
| Please indicate if you would be willing to serve on a ULAH committee: <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time |
| If yes, which specific committee would you like to serve on? _____ |
| Permission to use photographic images: Photographs of ULAH members may be used in various ULAH communications including the flyers, social media and ULAH website. Group photographs taken at ULAH events may be used without identifying individual members. For individual photographs, please indicate your permission for use: ____ ULAH has my permission to use and identify photographs of me. ____ ULAH does not have permission to use and identify photographs of me. ____ ULAH must contact me before using any identified photographs of me in ULAH communications. |

SECTION 4: Member's Signature

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| Submit online or email completed form to the Secretary at ulahlib@gmail.com or in person to the membership Committee. Deposit your payment to ULAH bank account and contact the Financial Secretary Magdalen Hylton at 832-845-8360 along with the Treasurer Kulu Fesseh at 973-289-4753. A receipt will be issued to you; however, please keep a copy of your completed membership form. |
| Signature: _____ |
| Date: _____ |

SECTION 5: OFFICIAL USE ONLY - RECEIPT OF PAYMENT* DO NOT WRITE BENEATH THIS DOTTED LINE

| | | |
|--|------------------|-------------|
| Payee: _____ Amount Received: _____ Date Received: _____ | | |
| Medium of Receipt: <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Online | | |
| Issued by: ULAH Treasurer <input type="checkbox"/> Financial Officer <input type="checkbox"/> Proxy <input type="checkbox"/> | | |
| Issuing Agent's Name: _____ | Signature: _____ | Date: _____ |