

CAMOLA MEMBERSHIP APPLICATION FORM

Name (Print) _____

Gender Male Female

Address _____

Telephone _____ E-mail _____

Date of birth (mo. and day only) _____

Place of birth _____

How did you hear about Camola? _____

Have you ever been a CAMOLA member before? Yes no

If yes, please list dates _____

Reason for leaving _____

The purpose of the CAMOLA Corporation is to engage in the following activities;

To provide financial and charitable support to Cameroonians of the Greater Lowell area that may be in need.

To provide a place and means for the recreation and education of the Cameroonian community.

To educate the Cameroonian community and the general community as to the ethnic heritage, background and culture of the Cameroonian people.

To conduct such other activities and programs in furtherance of the foregoing purposes as may be carried out by a corporation organized under Mass. General Laws Chapter 180 and described in section 501 (c) (3) of the Internal Revenue Code.

Are you willing to be an active, committed member? Yes No

Do you have a sponsor? If so please name. _____

(If you do not have a sponsor, the social secretary may be named)

Applicant signature _____ Date _____

Sponsor's signature _____ Date _____

Note: A membership fee of \$25 is to be paid at the time of admission.