

Ogbakor Ikwerre USA/Canada Membership Information

*FIRST NAME: _____

*LAST NAME: _____

*EMAIL: _____

*PHONE: _____

MARITAL STATUS: _____ Married _____ Single _____ Widowed

SPOUSE: _____

Your USA Address Information

*ADDRESS: _____

ADDRESS 2: _____

*CITY: _____

*STATE: _____ *ZIP: _____

Your Hometown (Nigeria) Information

Your Hometown: _____

Your Occupation: _____

Any Children? (List their names and age below)

1.	_____	Age _____	M _____ F _____
2.	_____	Age _____	M _____ F _____
3.	_____	Age _____	M _____ F _____
4.	_____	Age _____	M _____ F _____
5.	_____	Age _____	M _____ F _____

Local Government Area - (Make it a dropdown list below)

Emuoha

Ikwerre

Obio/Akpor

Port Harcourt