Triles of	
BLESSINGS	

## **MEMBERSHIP APPLICATION**

I hereby apply for membership in your Club. Once accepted into membership, I shall comply with, and obey the constitution and its provisions in its entirety; and shall contribute my quota to the developments of the club, including my financial responsibility to the club as enshrined in ECOP constitution.

# EKO CLUB OF PENNSYLVANIA, INC (THE ISLANDERS) MEMBERSHIP APPLICATION FORM

### **APPLICANT INFORMATION**

#### **APPLICATION FEE: \$100**

Make application payment at <a href="www.ekoclubpa.org/donate-now/">www.ekoclubpa.org/donate-now/</a>

NAME:		
Date of birth:	E-mail	Phone:
Current address:		
City:	State:	ZIP Code:
Mother's Native of:	Father's Native of:	
SPOUS	SE INFORMATION (IF LAGOSIA	N)
NAME:		
Address:		
Phone:	E-mail:	
City:	State:	ZIP Code:
	EMERGENCY CONTACT	
Name of a relative not residing with you	(optional):	
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
DO YOU HAVE RESOURCES TO FULFILL Y	OUR FINANCIAL OBLIGATIONS TO THE	CLUB? ()YES ()NO
I AM INTERESTED IN JO	INING ONE OF THE FOLLOWIN	G ECI COMMITTEES:
EDITORIAL		
LAGOS LIAISON	FUND RAISING	CONSTITUTION
LAND/HOUSING	WOMEN FORUM	YOUTH FORUM
MEMBERSHIP	SOCIAL WELFARE	CULTURAL
SCHOLARSHIP	DISCIPLINARY	

#### SKILLS/INTEREST/BACKGROUND (PLS SELECT ALL THAT APPLY):

DEVELOPING/FUNDRAISING	EDUCATION	TECHNOLOGY	ADVERTISING/MARKET/SALES
HEALTH & WELLNESS	MUSIC	INVESTMENT	HOSPITALITY
COUNSELING	INTERNATIONAL RELATIONS	COUNSELING	TELECOMMUNICATION
COUNSELING	RELIGION	FOOD &	
		BEVERAGE	

\*\*membership fee must be received by ECOP, for the application to be completed\*\*

SIGNATURE: .....

DATE:
-------