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|---|--|--|------|
|  |  | <b>GHANA ASSOCIATION OF HOUSTON<br/>MEMBERSHIP APPLICATION</b> |      |
| NAME:   |  | MR. MRS. Ms. DR. REV.  |      |
| ADDRESS:  |  |  |      |
| CITY:   |  | STATE:   | ZIP: |
|   |  | CELL PHONE #:  |      |
| EMAIL ADDRESS:  |  |  |      |
| EMERGENCY CONTACT:  |  | EMERGENCY CONTACT PHONE #:                                     |      |
| LIST ANY SKILLS/TALENT TO VOLUNTEER:  |  |  |      |

**\*\*\*Annual Membership fee for Ghana Association is \$20.00.**

**Please complete and mail your application form  
together with your \$20 check or money order to:**

**Ghana Association of Houston  
P.O. BOX 741087  
Houston, Texas 77274**