

COUNCIL OF GHANAIAN ASSOCIATIONS
Of the Washington, DC Metropolitan Area

APPLICATION FOR MEMBERSHIP

Name of Organization:

Mailing Address:

Date Organization was formed/incorporated:

Size of current membership:

Is this a Tax-Exempt Organization? Yes [] No []

Is this organization directly or indirectly affiliated with any political party? Yes [] No []

Are members of this organization former members of a current Council member-organization? Yes [] No []

If "Yes", please identify that COGA member-organization:

If "Yes", please briefly state the reason(s) for severing that relationship:

Briefly state why this organization is seeking membership in the Council of Ghanaian Associations:

Sponsoring organization: (1)
(2)

Chairman/President/Date
Telephone number ()

Secretary/Date
Telephone number ()