

Dr. Julius Nyerere CBPM UNIA-ACL Division 421



Membership Application

P. O. Box 42169

Atlanta, Georgia 30311

Division Applied To:

Applicant Name

Date Of Application

Address

Apt/Suite No.

City

State

Country

Zip

LandLine

Cellphone

eMail Address

WebSite/Facebook

Date Of Birth

Place Of Birth

I Am Of African Descent

Height

Weight

Hair Color

Eye Color

Spiritual Affiliation

In Case Of Emergency Please Contact:

Relationship

Address

Apt/Suite No.

City

State

Country

Zip

LandLine

Cellphone

eMail Address

Why I Want To Join The Government of the UNIA-ACL:

Skills I Have That Will Benefit The African Race?

- SPECIAL INTERESTS: Garvey's Voice Magazine Universal Black Cross Nurses Legal Defense Committee Legal Defense Fund
 International Expatriate Movement Business Development Marcus Garvey Exoneration Membership Committee Citizenship Committee
 Research Accounting Organizing Archiving Video Production Photography Transportation Centennial Committee
 Political Prisoners African-Centered Education Other _____

Membership And Citizenship In The Government Of The UNIA-ACL Is Open ONLY To People Of African Descent. All Applications Must Include Two (2) Pieces Of Photo ID Which Must Be Submitted With This Application. Applicant Will Be Verified By The Ministry Of Information Office.

Membership Fees

Joining (One-Time Fee).....\$10.00
 Assessment Tax (Annual).....\$10.00
 Yearly Dues.....\$36.00
TOTALS.....\$56.00
 Every Year After The First Year The Total Dues = \$46.00

Approved For Membership

Division President _____
 Secretary-General Office _____
 Ministry Of Information Office _____
 Dues Received By _____ Date _____