TCO

TANZANIAN COMMUNITY ORGANIZATION (TCO)

(UMOJA WA KIZALENDO)

MEMBERSHIP APPLICATION FORM

Your Name: _____ _____ _____
Last **First** **MI**

Address: _____ _____
Number and Street **Apt #**

City: _____ **State** _____ **Zip Code:** _____-_____

Telephone No. _(_____)_____ **E-mail:** _____

First Time Applicant: **Yes** ☐ **No** ☐

If no, last time you applied: **Month**_____ **Year** _____

Are you 18 years of age or older: **Yes** ☐ **No** ☐

SIGNATURE & AFFIDAVIT

I hereby certify that all the information provided hereon is true and correct. I acknowledge that I have read and accepted the bylaws of the Tanzanian Community Organization. I authorize the organization to verify my eligibility for admission. I understand that failure to provide accurate information will be ground for denial of my application or separation from the organization.

Signature of Applicant: _____**Date:** _____

(Please mail completed form to TCO)