**INA-Wash Baltimore CMSA Inc. Membership Affirmation Form[[1]](#footnote-1)**

   
We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(PRINT NAMEs) hereby agree to be members of the Itsekiri National Association Washington Baltimore CMSA, Inc. ("INA Washington-Baltimore") and to abide by the applicable rules, policies and procedures of the association.

   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)      Birthday (mm//dd)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)     Birthday

mm//dd) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member(s) Information**  
   
Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Cell No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Email:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
   
Dependents:           Name                                                                                                       Birthdate (mm/dd/yy)  
   
1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Each individual member is responsible for attending at least **2 (two)** INA meetings in a calendar year [↑](#footnote-ref-1)