



NORTH CAROLINA KENYANS ORGANIZATION (N.C.K.O)

P.O. Box 41601, Raleigh, NC 27629.

Tel: (919) 306-4448 or (919) 673-3634

Email: info@nckochama.org Website: www.nckochama.org

N.C.K.O. MEMBER REGISTRATION FORM

Before completing this form, kindly read and understand the Constitution and By-Laws of the NCKO found on www.nckochama.org.

NAME: _____
First, Middle Last

SPOUSE: _____
First, Middle Last

NEXT OF KEEN: _____
First, Middle Last

CHILDREN: _____
First, Middle Last

CHILDREN: _____
First, Middle Last

ADDRESS: _____
Number and Street Name

ADDRESS: _____
City, State and Zip Code

TELEPHONE: _____

E-MAIL: _____

MOTHER: _____
First, Middle Last

FATHER: _____
First, Middle Last

BROTHERS: _____
First, Middle Last

BROTHERS: _____
First, Middle Last

BROTHERS: _____
First, Middle Last

SISTERS: _____
First, Middle Last

SISTERS: _____
First, Middle Last

SISTERS: _____
First, Middle Last

FEES: NON-REFUNDABLE REGISTRATION
(\$50.00): _____

NON-REFUNDABLE BENOVOLENCE FUND (\$500.00): _____

I hereby consciously submit this application for consideration for membership to NCKO which is a voluntary non-profit organization.

I declare under penalty of Perjury in the United States on this _____ day of _____, 20__
That

1. The information provided in any part of this application is correct and accurate as of the date of signing
2. That I have read the Constitution and By-Laws of the NCKO and agree to be bound by the them and other applicable law.
3. That I understand that this is an application for membership which the NCKO has the discretion to approve my membership or not
4. That I understand that I will pay the membership application fee of US \$500.00 which will be deposited to the NCKO benevolence account. I also understand that I will pay the annual membership fee of \$50.00 payable with this application. The acceptance of this fee does not guarantee acceptance into membership and should my application be declined, I shall receive a full refund of my application fee. This fee shall be refunded together with the written decision declining my membership with or without reason for such decision. Any interest, if any from the membership application fee shall be applied towards any administrative costs of adjudicating your application and the NCKO shall not be required to itemize these costs.
5. If any form of payment is declined, NCKO shall charge \$20.00 per declined transaction and this shall become a debt due to NCKO immediately.
6. That it is my responsibility to inquire from my relatives as to their membership to NCKO. I understand and agree that NCKO shall only make a single payment where there is an occurrence of a covered event. Should there be more than one person making a similar claim to the NCKO for a certain single covered vent, it shall be the responsibility of the covered members (relatives) to advise the NCKO as to the manner of disbursement of the benevolent funds.
7. That I understand that as an NCKO member, my contributions shall remain due at all times until I cease membership.
8. I understand that, not with standing the condition 7 above, should I receive any financial assistance from NCKO, I shall be bound to continue contributing towards any occurrence that may take place within 1 year of my assistance even if I cease being a member.
9. That I particularly know and understand how I would cease being a member of NCKO.

By signing this registration form, I agree to abide by all NCKO rules and regulations.

Signed: _____ Date: _____ day of _____, 20__