



Achiaseman Association of North America

Membership Registration Form

The primary purpose of this document is to service as self-declaration and declaration of the beneficiary or beneficiaries of a member at the time of registration and must be updated as soon as changes occur. All information are required except when it states optional.

Registrant Information:

Full Legal name: _____

Popularly known as (Optional) _____

City and State of residence: _____

Telephone numbers: Cell: _____ Home: _____ Other: _____

Mailing address: _____

E-mail address: _____

Emergency contact:

Full name: _____

Telephone numbers: Cell: _____ Other: _____

Email address: _____

Spouse's Information:

Full legal name (if applicable): _____

Popularly known as:(Optional) _____

City and State of residence: _____

Telephone numbers: Cell: _____ Home: _____ Other: _____

Mailing address: _____

E-mail address: _____

Parents:

Father's full name: _____

City and State of residence: _____

Father figure's full name (if father is N/A): _____

City and State of residence: _____

Mother's full name: _____

City and State of residence: _____

Mother figure's full name (if mother is N/A): _____

City and State of residence: _____

Beneficiary/ies in the absence of a spouse: (Name in the order of preference)

1. Full legal name: _____

City and State of residence: _____

Contact information:

Phone numbers: Cell: _____ Other: _____

E-mail address: _____

Mailing address: _____

1. Full legal name: _____

City and State of residence: _____

Contact information:

Phone numbers: Cell: _____ Other: _____

E-mail address: _____

Mailing address: _____

Registrant's Expertise: (optional) _____

Additional information: (Optional) _____

Signature of registrant: _____ Date: _____