



## COMFORT ASSOCIATION OF MANASSAS MEMBERSHIP FORM

Photo

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date Of Birth (Month/Day/Year) \_\_\_\_\_

Gender Male ( ) Female ( )

Employed ? Yes ( ) No ( ) Student ( )

Profession \_\_\_\_\_

Marital Status: Single ( ) Married ( ) Widowed ( )

Name Of Spouse \_\_\_\_\_

Do You Have Any Children ( ) yes ( ) No

Number Of Children \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Hometown \_\_\_\_\_

Father's Name \_\_\_\_\_

Deceased ( ) Alive ( )

Mother \_\_\_\_\_

Decease ( ) Alive ( )

Next of KIN /Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Information \_\_\_\_\_



Do you understand the Vision and Mission of this Association ? ( ) yes No ( )

Are You Joining This Association Willingly without any Coercion ? ( ) Yes ( ) No

Do you pledge to abide by the rules and regulation of Comfort Association of Manassas and its Constitution? ( ) No ( )

Do you agree that this association does not discriminate and accept membership regardless of race , religion , gender , color or national origin ? ( ) Yes ( ) No

What Service or expertise do you want to bring on board for the betterment of this organization?

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List Names of Children

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Signature \_\_\_\_\_ President \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_