



THE AFRICAN BAHAMIAN ASSOCIATION

“ONE HERITAGE - ONE DESTINY”

REGISTRATION FORM

::: PERSONAL INFORMATION :::

Registration Date: _____ / _____ / _____

Salutation: _____

First Name: _____

Last Name: _____

D.O.B.: _____ / _____ / _____

Nationality: _____

Street Address: _____

P.O. Box: _____

City: _____

E-Mail Address: _____

Place of Work: _____

Occupation: _____

Work Phone No.: _____

Home Phone No.: _____

Cell Phone No.: _____

Registration Fees:

\$ 10.00 paid on a monthly basis;

\$ 100.00 if paid in advance for the year.

Please tick one of the options below:

Paid

Not Paid

Amount paid: \$ _____.

Date of Payment: _____ / _____

Received by: _____

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