



AFRICAN UNITED FOR CHILDREN'S FUTURE

110216 SE 256TH ST SUITE 103, KENT WA 98031

LUCF MEMBERSHIP REGISTRATION FORM

First Name: _____ MI__ Last Name: _____

Date of Birth: Month: _____ Day: _____

Gender: Male ___ Female ___

Street: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____

Email: _____

Emergency Contact: _____ Phone: (____) _____ - _____

Position: _____

For international potential members filling out this form, please don't about the \$60.00 annual due, but the \$20.00 registration fee should be paid to AUCF coordinator in your country.

Registration Fee: \$ 20.00 Please Check One: Paid _____ Unpaid: _____

Annual Due, not due at Registration: \$60.00 Paid: _____ Unpaid: _____

Number of Children under age 18 _____

Date: Month: _____ Day: _____ Year: _____

Signature: _____

Thanks for been a proud member and sponsor of **African United for Children's Future**. We are also proud to have you in the family of support for our future Leaders.

Every Child Deserves to Live and Be Educated.