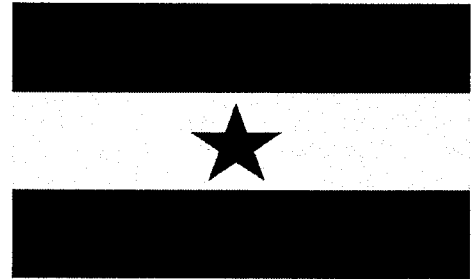


GHANAIAN ASSOCIATION OF TAMPA BAY, FLORIDA



"DUA KORO GYE M FIRAMA A EBU"



CONTACT INFORMATION:

NAME:	First	Last (Family)	Middle	Birth Day
Husband	_____	_____	_____	_____ /_____ (mm / dd)
Wife	_____	_____	_____	_____ /_____ (mm / dd)

Mailing Address: _____
 Street _____
 City _____ State _____ Zip _____

Phone Number: _____

E-mail Address: _____

Children:

Name:	Age:	Birthday:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I wish to join the Ghanaian Association of Tampa Bay, Florida: Yes No
 [] []

Signature: _____ (Husband / Wife) circle one

Date: _____