Ghana Council of Georgia, Inc
Membership Registration Form

Org./ Assoc./ Name: _____**State Incorporated:**_____

Principal Address:_____

Primary Phone #:_____ **Alt. Phone #:**_____ **Fax #:**_____

Email Address:_____ **Website Address:**_____

Name/Title of CEO / Pres. / Exec. Dir.:_____

Phone# & Email:_____

Name/Title of Secretary /Administrator:_____

Phone# & Email: _____

IRS Designation, if any: __501(c)3 __501(c)4 __501(c)6 **Other (please specify)**: ____

Type of Organization: __CBO __ASA __FBO ___Professional __Business (for profit),

__Business (not for profit)

(Check One - CBO = Community based organization; FBO = Faith-based Organization; Other =

Community Outreach: __Local __State __Regional __National __International

Please list up to three (3) Additional Officer Contacts, including their position/role, phone number and email addresses:

No.	Name	Position/Role	Phone Number	Email Address
1				
2				
3				

Please List up to 3 Principal Programs / Services you provide, and to what Community:
(e.g., Legal advice; Immigration-related (non-legal); Social / cultural / artistic; Health / health care; General charitable / economic development)

1. _____

2. _____

3. _____

Declaration:

I, _____ _____
Print Name **Sign**

CEO/President/Executive Director of _____,

verify that the information provided above is accurate. Date:_____

<u>For Office Use only</u>

Certification: Assessment completed by:

Name: _____Title_____

Date: _____

By filling out this form, you are consenting for your association to abide by the constitution and by-laws of the Ghana Council of Georgia and also your membership/ information to be added to a directory of Ghana Council of Georgia, Inc