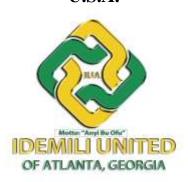
IDEMILI UNITED OF ATLANTA, GA., INC.

P.O. Box 162373 Atlanta, GA. 30321 U.S.A.



MEMBERSHIP REGISTRATION FORM

Last Name:_	Firs	t Name:	Middle Initial:
Title/Degree(s)			
Mailing Address			
Phone # (Cell)	(Home)	Fax	
E-Mail :			
Idemili Town of Origin:			
Company/Organization Company Address :			
	ADDITIONAL R	EGISTRATION	
Name of Spouse:			
Last	First	Middle	
Name of Spouse: Last Title/Degree(s) :	First	Middle	
Last	First MEMBERSHIP RE(Middle	
Last Title/Degree(s):	MEMBERSHIP REC	Middle SISTRATION FEES \$100.00 IENT	

Please mail your registration form with check in U.S. Dollars (drawn against a U.S. Bank) to above address or bring to Idemili United of Atlanta monthly meeting.

Contact: Stanley Ejikeme (Publicity Secretary) @ 404-917-3801