



EDO NATIONAL ASSOCIATION (ENA)

In the Americas

MEMBERSHIP APPLICATION

New Application

Recertification

CLUB/ORGANIZATION:

Club/Organization Name: _____

Other Name(s): _____

Address: _____

State: _____ Zip Code: _____ Country: _____

Email: _____ Website: http://_____

Reasons/Purpose/Mission of the Organization/Club:

(Please use additional sheets to provide more information if needed)

Is your Organization/Club registered or incorporated: Yes No

If No, do you plan to register or incorporate your Organization/Club: Yes No

If yes, Date of Registration: _____ State/Country: _____

Type of Registration: Non profit Business Other

Is this club a parallel club to an already existing ENA member organization club in the same city

Yes No *If yes, please list the names of the Organization/Club*

1. Are you a previous member of ENA? Yes No

If yes, what was the year of last registration? _____

Reason(s) for inactivity:

2. If you are not a previous member, please tell us why you want to join ENA: (And answer questions 3 to 6)

(Please use additional sheets to provide more information if needed)

3. Do you, your members and organization/club/affiliates accept and agree to be bound by the Constitution, by-laws, rules and regulations of Edo National Association in the Americas? Yes No
4. Do you agree to pay a non refundable one time registration fee of \$350 per each club and annual dues of \$300.00 per each club? Yes No
5. Do you agree to pay all other dues and levies approved by ENA Council of Presidents (COP)? Yes No
6. Are you or your club willing to represent ENA when called upon? Yes No

LIST OF PRIMARY OFFICERS (Also submit a list of current members with their names and email addresses)

President: _____
 Address: _____
 State: _____ Zip Code: _____ Country: _____
 Mobile Telephone: _____ Home Telephone _____
 Work Telephone: _____ Email: _____

Secretary: _____
 Address: _____
 State: _____ Zip Code: _____ Country: _____
 Mobile Telephone: _____ Home Telephone _____
 Work Telephone: _____ Email: _____

Treasurer: _____
 Address: _____
 State: _____ Zip Code: _____ Country: _____
 Mobile Telephone: _____ Home Telephone _____
 Work Telephone: _____ Email: _____

Payment method:

_____ Cash: Amt. \$ _____ United States Post Office Money Order: Amt. \$ _____

_____ Check Enclosed: Amt. \$ _____ payable to: Edo National Association

_____ Credit Card: _____ Visa _____ Master Card _____ Discover _____ American Express _____ Other

Act. #: _____ Expiration Date: _____ Security Code: _____

Name on card: _____ Authorization to Charge Credit Card

This is to confirm that the information above is correct. I understand that any misrepresentation, omission, and falsification of facts are a cause for dismissal. Please submit this application form, payments, and all required information to: Please submit this application form and all required information to: **ENA Secretary, Edo National Association, P. O. Box 2284, Beachwood, OH 44122.** After a decision has been made, a confirmation letter will be mailed to you or your club.

Signature

Date

ENA OFFICIAL ONLY

Approved on: _____ (attach meeting minutes)

ENA Secretary: _____

ENA National President: _____