

ADNA BASSA & ASSOCIATES Of NORTH AMERICA

P.O.BOX 13987 Atlanta, Georgia 30324

REGISTRATION FORM

Registration Date_____

Matriculate No._____

First name_____ Last Name_____

Address_____

City_____ State_____ Zip Code_____

Home Phone_____ Cell/Pager_____

WorkPhone_____ Email_____

Father's Name_____ Mother's Name_____

Spouse's Name_____

Contact in Case of Emergency_____

Brothers & Sisters' Names

Children Names

I, _____ certify under penalty and perjury under the laws of the United State of America that:

- a) I know the contents of the by-laws and rules of procedure of ADNA BASSA & ASSOCIATES.
- b) I agree to comply with rules voted by the Association.
- c) I agree to fulfill my obligations and duties towards the aforementioned association.
- d) While becoming signatory of this declaration, I accept any provision, which could involve my acts within the association and this under the terms of the laws, which govern it.
- e) This form is true and correct.

Signature_____ Date_____