

# Registration Form



Personal Details		BRANCH :	
First Name:		Last Name:	
Date of Birth (dd/mm):		LESA USA Inc. Member Since:	
Telephone Number:		Cell Phone Number:	
Married:	Yes      No	Children (optional) :	
Address:			
City, State, Zip:			
Email:			

Other Information			
Year of Entry OLLC:		Year of Exit OLLC:	
Dormitory:		Any Positions Held:	
Current Profession:		Current Employer:	
Hobbies/Strengths:			

By signing this registration form I truthfully declare and agree to the following;

- a) That I am an ex-student of Our Lady of Lourdes Secondary School Mankon, Bamenda, NW Province Cameroon.
- b) To abide by the 2009 constitution and declarations of the LESA USA Inc alumni association, directed committees and ratified branches.
- c) I acknowledge that I have read a copy of the constitution. (Accessible on the LESA –USA website).
- d) To commit to the mission of the association known as LESA USA Inc, registered as a 501c non-profit organization.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Administration ONLY – Do not fill below this line:**

Membership Details		Registration Year _____	Lesa USA Inc # _____
Dues Paid :		Date Received:	
National Dues Paid:		Date Received:	
Branch Comments		NEC Comments:	