

Established 1952  
www.cbaamerica.org  
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Wayne, New Jersey  
07470-2208

## CIRCASSIAN BENEVOLENT ASSOCIATION АДЫГЭ ФЫЩІЭ ХАСЭ

### Membership Application

Application Date: \_\_\_\_\_

I hereby apply for membership to the Circassian Benevolent Association and pledge to pay (1) a nonrefundable initiation fee of Fifty US Dollars (\$50.00) and (2) one year of membership dues upon submission of this application to the CBA. Additionally, I pledge to pay my annual dues in a timely manner each year commencing the date of my application. I understand that my application must be approved by the Executive Board and ratified by the General Membership before I am granted membership.

#### Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(For Auto-Dialer) \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

#### Membership Type

Regular:  \$180.00/year      Student:  \$36.00/year  
Retired:  \$90.00/year      Honorary:  N/A

I, the undersigned, hereby agree to abide by the rules and regulations of the Circassian Benevolent Association as set forth by the terms and conditions of the Constitution and By-Laws. I understand that in accordance with the Constitution and By-Laws of the Circassian Benevolent Association, "alienation to the Association's interest and aims or conduct judged to be contrary to the dictates of the General Membership or the instructions of the Executive Board or for behavior resulting in dispute and hatred among the members or damaging to the reputation of Circassians" will result in suspension or termination of my membership.

Applicant Signature: \_\_\_\_\_

Proposed By: \_\_\_\_\_

#### Decision

Date Received

Decision

Executive Board: \_\_\_\_\_

General Membership: \_\_\_\_\_

