



# 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: \_\_\_\_\_ ID Number: \_\_\_\_\_

**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 the applicable ENA Committee. Yes  No
6. Are you or your club willing to represent ENA when called upon? Yes  No

**LIST OF PRIMARY OFFICERS** (Please 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  
*Mail to: Edo National Association, 13336 Tamayo Drive, Austin, Texas 78729*

\_\_\_\_\_ 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 and all required information to: **Edo National Association, 13336 Tamayo Drive, Austin, Texas 78729**. After a decision has been made by the applicable committee, a confirmation letter will be mailed to you or your club.

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

**ENA OFFICIAL ONLY**

Approved on: \_\_\_\_\_ (attach meeting minutes)

ENA Secretary: \_\_\_\_\_

COP Chairman: \_\_\_\_\_