



# HALALA MEMBERSHIP FORM

MEMBERS NAME: .....

ADDRESS: .....

TEL: ..... EMAIL: .....

CHAPTER NAME IF ANY: .....

**FOR IMMEDIATE FAMILY MEMBERS ONLY BIOLOGICAL PARENTS, CHILDREN, BROTHERS/ SISTERS AND SPOUSE. THOSE OVER 18YEARS OF AGE LIVING IN THE USA MUST COMPLETE A SEPARATE FORM**

1<sup>st</sup> Relative – Name: .....

Resident: .....

2<sup>nd</sup> Relative – Name: .....

Resident: .....

4<sup>th</sup> Relative – Name: .....

Resident: .....

5<sup>th</sup> Relative – Name: .....

Resident: .....

6<sup>th</sup> Relative – Name: .....

Resident: .....

7<sup>th</sup> Relative – Name: .....

Resident: .....

8<sup>th</sup> Relative – Name: .....

Resident: .....

10<sup>th</sup> Relative – Name: .....

Resident: .....

11<sup>th</sup> Relative – Name: .....

Resident: .....

12<sup>th</sup> Relative – Name: .....

Resident: .....

13<sup>th</sup> Relative – Name: .....

Resident: .....

14<sup>th</sup> Relative – Name: .....

Resident: .....

15<sup>th</sup> Relative – Name: .....

Resident: .....

16<sup>th</sup> Relative – Name: .....

Resident: .....

17<sup>th</sup> Relative – Name: .....

Resident: .....

**AS A HALALA MEMBER I AGREE TO DO AS FOLLOWS.**

1. Ensure that my membership is paid and renewed yearly.
2. I am required to attend Halala USA conference yearly.
3. Current Membership fee - \$ 50.00 yearly \$25.00 to the chapter and \$25.00 to Halala USA.

Membership forms should be mailed directly to – 390 Park Avenue East Orange New Jersey 07017

**Member’s signature and date:** .....