



OROMO COMMUNITY OF DENVER
www.romocommunityofdenver.org

**OROMO COMMUNITY OF DENVER
MEMBERSHIP APPLICATION FORM**

Name _____ Middle Name _____ Last Name _____

Street
Address _____ City _____ State CO Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____ Sex _____

FAMILY VERIFICATION

<u>Family Members</u>	<u>Age</u>	<u>Sex</u>	<u>Relationship</u>	<u>Remarks</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

I certify that the above information is correct and agree to abide by the rules and regulations of the Oromo Community of Denver.

Members Signature _____ Date _____

For Office Use Only

Date received _____
Payment method, cash _____, check, # _____, amount _____
Date processed _____, Date approved, _____
Approved by _____