



# HMONG COMMUNITY OF METRO-DETROIT, INC.

(A NON-PROFIT ORGANIZATION)

## MEMBERSHIP APPLICATION

P.O. Box 290  
 Eastpointe, MI 48021  
 Phone: (313) 647-4263  
 Email: [info@hmongdetroit.org](mailto:info@hmongdetroit.org)  
 Website: [www.hmongdetroit.org](http://www.hmongdetroit.org)

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

**LIST ALL FAMILY MEMBERS:**

	Last Name	First Name	MI	Sex F/M	Age	Relationship	US Citizen		School Attending	Grade
							Yes	No		
1						Self				
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

I hereby verify that all information furnished by me on this application is true and complete. I understand that being a member of the HCMDI is a privilege, not a right. I agree to follow the rules and regulation of the HCMDI.

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

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

**HCMDI USES ONLY:**

Received By: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Effective Date:</b>	
<b>Expiration Date:</b>	