



THE LIBERIAN COMMUNITY OF GREATER CINCINNATI

P.O. Box 24442, Cincinnati, OH 45224



MEMBERSHIP FORM

I. Personal Information

Mr. Mrs. Ms. Dr. Prof. Rev. Other _____ Gender: Male Female

First name _____ M.I. _____ Last Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____ Month & Day of Birth: _____

Home Phone _____ Cell Phone _____ E-mail _____

Liberian Non-Liberian If non-Liberian then name of Sponsor _____

II. Contact Preference

Please tell us how you would prefer to be contacted in the case of events or activities in the community (check one or more boxes below).

Phone call E-mail Text Message

III. Emergency Contact

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

III. Membership Dues

Please choose a membership due payment category.

Annually – \$50/year –Members get 2 months free when paying annually.

Monthly – \$5/month –Members pay a monthly due of \$5.

IV. Benefits of Membership

Members will receive the following benefits. LCGC reserves the right to review/revise the list of benefits at any time.

- ✓ Academic awards and recognition.
- ✓ Bereavement and Emergency Assistance.
- ✓ LCGC SUSU Program.
- ✓ LCGC Angels: A. Daycare Program B. Members Helping Members.
- ✓ Community Events Announcements.
- ✓ Access to discounts on events hosted by the Liberian Community of Greater Cincinnati.
- ✓ Help in connecting with other members of the Liberian Community in the United States.
- ✓ And many more...

I _____ do hereby express my sincere desire to be a participating member of LCGC and promise to do my best to attend at least 6 out of the 12 meetings in the year and pay my dues in order to uphold my membership.

Member's Signature

Date

Approved (LCGC Official)

Date