



TEMPLE OF HMONGISM MEMBERSHIP APPLICATION

1001 Johnson Pkwy., Ste. 25
Saint Paul, MN 55106
Web: www.hmongism.org
Tel: 651-338-7443

Change Date: _____

Member No: _____

Change of Family Situation

APPLICANT

First Name: _____ Last Name: _____
Home address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Cell Phone: _____
Email: _____ Facebook Account: _____

What Is the Change?

| | |
|---------------------------------|---|
| Family size | <input type="checkbox"/> Add member <input type="checkbox"/> Remove member <input type="checkbox"/> Other _____ |
| Address and contact information | <input type="checkbox"/> List here _____ _____ _____ _____ |

List the Member to Add or Remove From Family

| No. | Name | Sex M/F | Birth Date (m/d/yr) | Birth Place City/State/Country | Marital Status S, M, P* | Relationship to Applicant | Current Faith T, H, C, O* |
|-----|------|------------|------------------------|-----------------------------------|-------------------------------|------------------------------|---------------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |

*: S=single, M=married, P=partnered, T=Traditional, H=Hmongism, C=Christianity, O=Others

Applicant: _____, (print name)

Signature _____ Date _____

Witnessed by: _____ an officer of the Temple of Hmongism

Signature: _____ Date _____