# Sudanese American Development Organization (SACDO)

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## Membership Form

*I, undersigned, hereby certify that I approve and adhere to the Declarations of principles and ask that my name be inscribed in the Sudanese American Community Development Organization (SACDO) Membership Book*

**Signature:** **Date:**

*Do you want your name & address to be included and published in the SACDO Directory?*

**First Name:** ..... **Middle:** ..... **Last:** .....

**Spouse First Name:** **Middle:** **Last:**

***Home Address:***

**Address1:** .....
**:** .....

**Citv:** ..... **State:** ..... **Zip Code:** .....

**Phone-1:** ..... **Mobile:** _____

**Email:** _____

***Dependent Information (18 years or less):***

| First Name | Last Name | Sex | Date of Birth |
|---|---|---|---|

***Payment Enclosed:*** **Amount ($):** **Cash or Check?** **If Check, Check #?**

*Fees : payable to SACDO's Treasurer by cash receipt, Check, Money Order or Cashier's check mailed to the above address. Registration fees $10. Dues $5 (Individual) or $10 (family) per month, payable annually, biannually, quarterly or monthly. If annually, dues are only $50*