



REG NO 1058/G.37/D14

LET LOVE BE THE ULTIMATE PRICE

MEMBERSHIP FORM

Please provide the following information for RHFC
(Please print)

CURRENT INFORMATION & PHYSICAL DESCRIPTION:

Original last name/married name:

First:

Middle:

Other names used-----

PLACE OF ARRIVAL (Birth):

City-----

State-----

Country-----

CURRENT ADDRESS:

City-----

State

Zip (-----**)**

Mailing address if different than address above:

City-----

State

Zip (-----**)**

Phone:

Home-----

Work-----

Cell-----

Emergency-----

Email-----

Website-----

Humanitarian/Environmental Identity:

Briefly describe reason for wanting to be a member of RHFC:

What expectations do you have in becoming a member of RHFC:



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PRESENT EMPLOYMENT:

Skills /Hobbies / interests/ special Fields of Training (you may provide a resume if available.):

If you are part of any indigenous NGO (Non-Governmental organization) or other organization, nation, etc., please lists:

Please briefly describe what you may want to offer to RHFC:

I affirm that the aforementioned information as completed by me is true and complete to the best of my knowledge. I know that false or misleading information may result in disqualification from RHFC Membership. I now affix my signature to the documents herein.

Signature-----

Date-----

[RHFC USE ONLY]

RHFC Representative

Date

Accepted----- Rejected-----

If rejected, give reason:

Registration number

(OFFICIAL USE ONLY)