

Fields marked \* are required. Submit completed forms to [olumocanada@yahoo.ca](mailto:olumocanada@yahoo.ca) or deliver in person at any monthly meeting (2nd Sunday of each month).

## 1 — Membership Category

Category	Eligibility	Annual Fee	Voting Rights
Full Member	Egba indigenes & spouses resident in Canada	CAD \$[X]	Yes — full
Associate	Non-Egba supporters of OPAC's mission	CAD \$[X]	Participatory
Corporate / Patron	Businesses & organisations supporting OPAC	CAD \$[X]	Sponsorship role
Distance Member	Egba diaspora outside local chapter area	—	No

### Select membership category \*

Full Member
  Associate Member
  Corporate / Patron
  Distance Member

## 2 — Personal Information

Passport Photo (Attach here)	TITLE	GENDER *
	FIRST NAME *	MIDDLE NAME
	SURNAME / FAMILY NAME *	
DATE OF BIRTH *	MARITAL STATUS	DD/MM/YYYY
NATIONALITY	OCCUPATION / PROFESSION	
TOWN / CITY OF ORIGIN *	LGA OF ORIGIN	
CONNECTION TO EGBA HERITAGE *	YEARS RESIDENT IN CANADA	<i>Indigene / Descendant / Spouse / Supporter</i>

## 3 — Contact & Address in Canada

STREET ADDRESS *			<i>Unit/House number and street name</i>
CITY *	PROVINCE / TERRITORY *	POSTAL CODE	
PRIMARY PHONE *	ALTERNATE PHONE		
EMAIL ADDRESS *	IMMIGRATION STATUS		

## 4 — Family Information

SPOUSE'S FULL NAME (IF APPLICABLE)

SPOUSE'S PHONE

NUMBER OF CHILDREN

AGES OF CHILDREN (OPTIONAL)

EMERGENCY CONTACT NAME \*

EMERGENCY CONTACT PHONE \*

RELATIONSHIP TO EMERGENCY CONTACT

## 5 — Referral & How You Heard About OPAC

HOW DID YOU HEAR ABOUT OPAC?

REFERRING MEMBER'S NAME (IF APPLICABLE) *Member / Event / Social media*

WHY DO YOU WANT TO JOIN OPAC?

## 6 — Skills & Areas of Interest

Please tick any areas you would like to contribute to:

Cultural Events & Festivals

Education & Scholarships

Community Welfare & Support

Youth Programs

Governance & Elections

Fundraising & Finance

Communications & Media

Sports & Recreation

Women's Affairs

Mentorship & Settlement Support

PROFESSIONAL SKILLS YOU CAN OFFER (OPTIONAL)

*e.g. Legal, accounting, IT, healthcare, event planning*

## 7 — Declaration & Signature

I, the undersigned, hereby apply for membership in the Olumo Progressive Association of Canada (OPAC). I declare that the information provided in this form is true, accurate, and complete to the best of my knowledge. I agree to abide by the OPAC Constitution, bylaws, and the values of *Omoluabi* — good character, respect, and service to the community. I understand that membership is subject to approval by the OPAC Executive Committee and that I will be notified of the outcome in writing.

I agree to the above declaration and the OPAC Constitution

Applicant's Signature

Date of Application

## 8 — For Office Use Only



## MEMBERSHIP APPLICATION FORM

Egba A Gbe Wa Ooo · Building Heritage · Fostering Unity · Empowering Community

Member ID Assigned	Date Received	Application Status	Approved By
OPAC - _____	____ / ____ / ____	<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Declined         _____	_____
Fee Received (CAD)	Payment Method	Receipt Number	Welcome Letter Sent
\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> E-Transfer <input type="checkbox"/> Cheque	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No