



WELIKERMAH FOUNDATION

65 Penn BLVD,
Lansdowne, PA 19050

Voting Membership Application Form

Applicant Name (s): _____
Last First Middle

Address: _____ City: _____

State/County: _____ Zip Code: _____ Country: _____

Mobile Number: _____ Home Phone Number: _____

Email Address: _____

Applicant Signature (s): _____ Date: _____

Please complete this form and return by mail to the above mentioned address or you can email form to mxsumo@gmail.com. Thank you for supporting our Organization Vision.

For Official Use Only

<i>Application Number</i>	
<i>Date Received</i>	
<i>Official Name</i>	
<i>Official Signature</i>	

If You require any further information regarding the organization or application call or email 610-638-9331/267-231-8580, or mxsumo@mail.com/tkpa001@yahoo.com.