

**ADANSIMAN ASSOCIATION OF THE UNITED STATES OF AMERICA**

**REGISTRATION FORM**

LAST NAME: \_\_\_\_\_

FIRST NAME(S) \_\_\_\_\_

GENDER: ( ) MALE ( ) FEMALE DATE OF BIRTH: (MDY) \_\_\_\_/\_\_\_\_/\_\_\_\_

NEXT OF KIN \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

HOMETOWN \_\_\_\_\_ REGION \_\_\_\_\_

SPOUSE: \_\_\_\_\_ Husband \_\_\_ Wife \_\_\_

FATHER : \_\_\_\_\_ ( ) Alive ( ) Deceased

MOTHER : \_\_\_\_\_ ( ) Alive ( ) Deceased

**CHILDREN:**

(i) \_\_\_\_\_ Date of Birth \_\_\_\_\_

(ii) \_\_\_\_\_ Date of Birth \_\_\_\_\_

(iii) \_\_\_\_\_ Date of Birth \_\_\_\_\_

(iv) \_\_\_\_\_ Date of Birth \_\_\_\_\_

(v) \_\_\_\_\_ Date of Birth \_\_\_\_\_

(vi) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date of (MDY) \_\_\_\_/\_\_\_\_/\_\_\_\_