Membership Form
(1 September 2020- 31 August 2021)

Date: _____

Organization Name _____

Organization ECOSOC Status: **General** **Special** **Roster** **DPI** **None**

Representative's Name _____

Representative's E-Mail_____

Phone Number_____

Address _____

Regional Focus _____

Issue Focus _____

_____

DESCRIPTION	**AMOUNT**
Membership dues	__$40__
Donation	_____
Total	_____

Please make check payable to: NGO Committee on Migration
c/o Joe Klock
P.O. Box 11791
New Brunswick, NJ 08906

_____

NGO Committee on Migration

Received from _____ of _____
Name of Person Providing the Dues — Organization's Official Name

Sum of $_____ Cash_____ Check#_____

Signed _____ Date _____
Treasurer

www.ngo-migration.org ngomigrationcommittee@gmail.com