



**TEMPLE OF HMONGISM
MEMBERSHIP CHANGE FORM**

P.O. Box 600601
Saint Paul, MN 55106
Web: www.hmongism.org
Tel: 651-666-5620

Change Date: _____

Member No: _____

The Family of Hmongism

APPLICANT

First Name: _____ Last Name: _____
Home address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Cell Phone: _____
Email: _____ Facebook Account: _____

Change of Address and Contact Information

List here _____

Change of Family Size, Add or Remove Member

No.	Name	Sex M/F	Birth Date (m/d/yr)	Birth Place City/State/Country	Marital Status S, M, P*	Relationship to Applicant	Add or Remove?
1							
2							
3							
4							
5							
6							
7							

Applicant: _____ (print name)

Signature _____ Date _____

Witnessed by: _____ an officer of the Temple of Hmongism

Signature: _____ Date _____