



**TEMPLE OF HMONGISM  
MEMBERSHIP CHANGE FORM**

1001 Johnson Pkwy., Ste. 26  
Saint Paul, MN 55106  
Web: [www.hmongism.org](http://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 \_\_\_\_\_