

IKWERRE NGBARU ASSOCIATION, INC.

Wene-tah-nu-Mbah.

Terms an Conditions

1. Ngbaru program is for registered members of OIUSA only.
2. There shall be no probationary period
3. Must contribute continuously for 4 years to become vested and receive full benefits, and continue thereafter or forfeit your membership.
4. Membership re-entry after more that 2 years of non contribution will be treated as new membership.
5. Ngbaru is NOT an insurance policy.

To sign up please contact Mr. Ikem Wonodi for full application and other membership information.



Ngbaru



IKWERRE NGBARU ASSOCIATION INC.

**IKWERRE NGBARU
ASSOCIATION, INC**

C/o Ikem Wonodi
30 Hall Street
Brockton, MA 02302

E-mail: wonodiikem@comcast.net

Tel: (774) 360-3846





Ikwerre Ngbaru Association, Inc.

OIUSA Ngbaru Program is a self-insurance program established to provide a \$5,000 benefit to the survivor of a deceased member.

Ogbakor Ikwerre USA (OIUSA) members who signed up to participate in the plan are the only members who are entitled to the benefit. This program is a way for the Organization to support its members in their time of need. We all know too well that during the time of need unforeseen conditions occur such as lack of personal Life Insurance, or Insufficient life insurance coverage, to ship the member to his family in Nigeria. Ngbaru is designed on the premise of supplementing, in a little way, whatever Life insurance is unable to cover.

For additional information, please contact the Administrator of Ngbaru, Mr. Ike Wonodi at

+1 774-360-3846 or email him at

wonodiikem@comcast.net

Membership Application

1. **General Information** (please print - complete for all requests)

Primary Member Information:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Member's Primary Beneficiary:

Name: _____

Relationship:

Home Address: _____
City: _____
State: Zip: _____ County: _____
Beneficiary's Phone: _____
Email: _____

Member's Secondary Beneficiary (in absence of Primary Beneficiary)

Name: _____

Relationship: _____
Home Address: _____
City: _____
State: Zip: _____ County: _____
Beneficiary's
Phone: _____
Email: _____

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For full registration form, please contact
Mr. Ikem Wonodi at 774-360-3846 or Email
him at wonodiikem@comcast.net

2. Annual Contribution

Your annual membership will be \$100 per person.

Your **\$100** annual payment is due by May 30 of each year. If payment is not received within the Fiscal Year (June 1 through May 30) your membership is terminated. A grace period of 30 days shall be allowed from the annual due date only if a participating member is out of the country and cannot authorize payment to be made on his behalf.

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