

# IKWERRE NGBARU ASSOCIATION, INC

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



## 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: \_\_\_\_\_

### 2. Annual Contribution

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.

# **IKWERRE NGBARU ASSOCIATION, INC**

## ***3. Terms and Conditions***

3.1 I understand that benefit will become effective only after approval by the Company and upon receipt of the initial annual dues payments. There shall be no probationary period for all participants irrespective of known and unknown conditions. Benefit accrues once a member subscribes and meets his/her financial obligations. Should a member pass away before the initial set up contribution is made, the member will be entitled to nothing from the fund. However, the Management shall organize a fund raising event to assist the family with burial costs.

3.2 I understand that for my beneficiaries to receive the full \$5,000 Bereavement Benefit, I must be vested for at least 4 years. However, a member who did not meet the four (4) years vested period before death will be entitled to a prorated Bereavement Benefit based on percentage ratio of amount contributed to amount expected to be contributed at the vested period.

3.3 I understand that Failure to continue to contribute after meeting the 4 years vested period, results in automatic cancellation of membership, forfeiture of any contribution, and no bereavement support will be paid to the beneficiary.

3.4 I understand that Membership re-entry after separation for more than two (2) years will constitute a new membership and shall follow the procedure outlined in paragraph 3.1 through 3.3 above.

3.5 I also understand that this agreement does not in any form or shape constitutes an insurance policy, whose objective is to indemnify designated beneficiaries an insured amount upon the death of the member.

# **IKWERRE NGBARU ASSOCIATION, INC**

By signing below, I acknowledge that I have read and agree to all terms described herewith

Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
**OFFICIAL NOTES**  
\_\_\_\_\_

**Approved By:**

\_\_\_\_\_  
**President**

\_\_\_\_\_  
**Director of Members Affairs**