

NOIA
NATIONAL OFFICE OF INTERNATIONAL AFFAIRS

Raahub-aat Muysar,

We are collecting these forms for our records of our communities of family internationally. Please submit your forms via email: NIH.noia9@gmail.com

Bookstore location #: _____

Applicant's name: First: _____ Last: _____

Other Names also known as: _____

Current Address: Street _____

City: _____ State: _____ Zip Code: _____

Additional address: _____

City: _____ State: _____ Zip Code: _____

Contact: Home Phone: _____ Cell Number: _____

Email Address: _____

Facebook: _____

Twitter: _____

Instagram: _____

TickTok: _____

Age: _____ Gender: _____ Date of Birth: _____ Married: _____

Spouse: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Address: _____

Contact: Home Phone: _____ Cell Number: _____

Mother's name: _____ Occupation: _____

Address: _____

Contact: Home Phone _____ Cell Number: _____

Applicant's Level of Education: _____ High School: _____

College: _____

Name of College: _____ Years Completed: _____

Employment: _____ Position: _____

How Long: _____ Previous Employment: _____

Reason for leaving: _____ Personal Interests: _____

Do you have Children: _____ Number of Children: _____

Hobbies: _____

How did you hear about us:

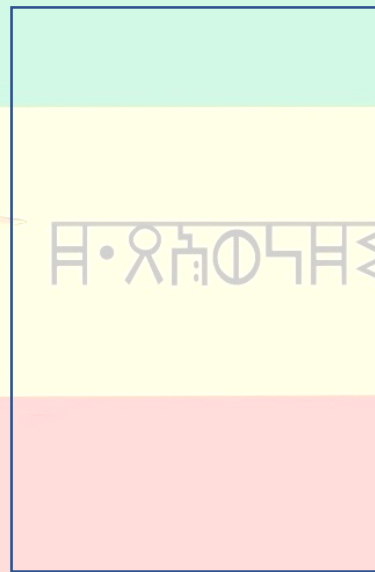
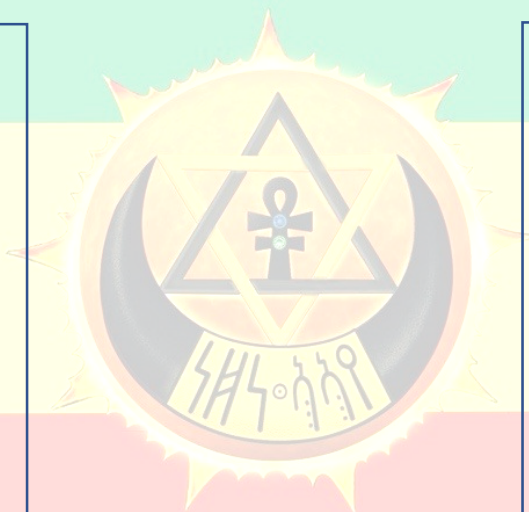
What skills do you have professionally and otherwise:

How do you feel about the Master Teacher:

Nuwaubian Name: _____

Meaning of your name: _____

Eye Colour: _____ *Height:* _____



Please attach passport size pictures above.

Ṭawuh Ant-Kuum!!!

By signing this page, you agree to the use of your information for office use only which includes: (Membership Cards, Certificates such as Certificates of Marriage, Certificates of Baptism, Etc for our family).

Signature: _____ *Date:* _____

UNNW-NIH-ADMIN