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.

Ṫawuḣ 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