



BURIAL / FUNERAL ASSISTANCE PROGRAM

Group / Organization Joining Form

1 – Organization information

Name of the organization:

Is the organization a U.S legal entity? Yes No Other:

If Yes, provide the year and state of incorporation:

Your Organization’s Category: Charitable Cultural Economic Sports
Political Religious Ethnic Familial
Other (specify):

Number of active members:

Any representation out of USA? Yes No If yes, specify:

2 – Contact information

Full name of the contact person:

Position / Title in the organization:

Street address:

Mailing address:

E-mail address:

Phone(s) Number(s):

Name: Signature Date.....

Website: www.sigma-i.org, E-mail: info@sigma-i.org // Tel: 1 800 722 3887 // P.O.Box 2446 Alief, Tx 77411-2446

Administration use only

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Group / Organization Joining Form

Attachment#1: List of members

No	Name(s) (as appears in US Legal document)	Address	Phone Number	E-mail address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

NB: make photocopies as many as possible. Write in capital letters.

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