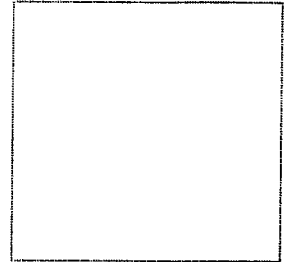


**Mauritanian Community Association  
Membership Application Form**

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Photo (don't staple)



Last Name:

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First Name:

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Address:

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City, State, Zip

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Phone Number:

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Email:

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This form is intended for use by potential new members of the Mauritanian Community Association to apply for membership. Any unauthorized use of this form is not allowed.

By signing below, I certify that I read and understood the term abovementioned.

Signature of Applicant: \_\_\_\_\_

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

Interpreter (if applicable) \_\_\_\_\_

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