



Congress of North American Bosniaks
Kongres Bošnjaka Sjeverne Amerike

INVOICE

Payment Due Upon Receipt

For more information, visit or contact:
www.bosniak.org cnab@bosniak.org

OFFICIAL MEMBERSHIP APPLICATION AND INVOICE

Name (CNAB Chapter, Organization, Person): _____
Address: _____
Telephone number: _____ E-mail address: _____
Web page address: _____

_____ # of delegates.
(For 0-50 members, organizations may have up to 2 delegates; for 51-100 members, up to 3 delegates; for 101-200 members, up to 4 delegates; and for 200+ members, up to 5 delegates.)

Brief description of organization: _____

<p>For the Jan. 1 thru Dec. 31, 2009 Membership Period</p> <p>Please choose one of the following options:</p> <p>1. \$_____ for Delegates: \$100 per each delegate (up to 5 delegates)</p> <p>2. \$100 for Individual Membership with right to vote;</p> <p>3. \$20 for Individual Membership without right to vote;</p> <p>Total Amount Enclosed (please fill in the blank): \$ _____</p> <p>Mail this form with your payment via check made out to:</p> <p>Congress of North American Bosniaks P.O. Box 408157 Chicago, IL 60640</p>

Registration of Delegates or Individual Memberships

	/Name /	/Address/	/Ph. number / E-mail address/
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
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