

<p style="text-align: center;">INSTRUCTIONS</p> <p>Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions. Please attach \$50 Registration Dues</p>	<p>HIGHLIFE COMMUNITY NETWORK</p> <p>(OFIE NE FIE)</p>	<p><i>Do not write in this Space</i> <i>Clip Passport Picture here</i></p>			
Family name	First Name	Nick names	Maiden Name		
2. Date of birth (day, month, year)	3. Place of birth	4. Nationality at birth	5. Present nationality		
6. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male					
7. Height	8. Weight	9. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced			
11. Permanent address	12. Present address	13. Permanent telephone no. Cell: Home:			
14. Email Email:					
15. Next of Kin ? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is "Yes", give the following information:					
NAME	Country	City/Town	Relationship	Phone No.	Address
Incase of Emmergency Contact	State	Contact Day Time Cell Phone		Relationship	
Name of employer:			Type of business:		
Address of employer:			Name of supervisor:		
Address of employer:			Name of supervisor:		
Signature			Date		