



AMERINDIAN PEOPLES ASSOCIATION
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Unit Application Form

Name of Unit	
Date of Application	
Address	
Chairperson	
Secretary	
Treasurer	
Committee Members	

Members:

01		11	
02		12	
03		13	
04		14	
05		15	
06		16	
07		17	
08		18	
09		19	
10		20	

Please use additional paper for more names if necessary

FOR OFFICIAL APA USE ONLY

Received By:

Designation:

Registration Fee Paid:

Date Received:

Unit Fees Paid:

Date Received:

Approved By:

Designation:

Date Approved: