

**LA KPEE  
MEMBERSHIP FORM  
P.O.BOX 1015,ENFIELD  
EN1 9DZ**

**TEL.NO :020 8597 6049, 07956 847 268**

**NAME :** .....

**ADDRESS:**.....  
.....  
.....

**MONTH OF BIRTH** .....

**TEL NO.:**.....

**MOBILE NO.**.....

**E-MAIL ADDRESS :** .....

**NAME OF MOTHER(IF ALIVE)**.....

**NAME OF FATHER(IF ALIVE)**.....

**NEXT OF KIN (IF PARENTS ARE DEAD)** .....

**NAMES OF CHILDREN** .....

**NAMES OF BROTHERS:**.....

**NAMES OF SISTERS:**.....

**DATE:**.....

**REGISTRATION FEE : £10.00**



