



ASSOCIATION OF BOSNIAKS OF NEW HAMPSHIRE FAMILY APPLICATION

ABNH
125 Londonderry Turnpike
Hooksett, NH 03106
Phone: (603) 606-2568
www.abnh.org
Bosniaksnh@gmail.com

Note: Pages 1 and 2 of application are to be filled by the family head of household. All household members that are 18 years and older must sign the application to become members of ABNH. A family member that permanently lives in the household is considered a household member.

First name: _____ Last Name: _____ Sex: Male Female

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____ State: _____ Date of arrival to USA: _____

Citizenship Status

US Citizen

BIH Citizen

Green Card Holder

Other

Marital Status

Married

Divorced

Single

Widower

Education

Middle School

High School

College

Other

If other please explain: _____

Would you like to participate in any of the activities below? Yes No

If yes please check which activities are of interest to you:

Folklore Dance Bosnian Language Religion/Ethics Sports Other

If other please explain: _____

Are you interested in volunteering within the association? Yes No

If yes please list the activities: _____

Are you interested in becoming a member of the Board of Directors of ABNH? Yes No

Do you have a hobby? Yes No

Music Photography Folk Dance Hand Crafting Sport Other

If other please explain: _____



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How well do you speak Bosnian language?

Excellent Well Little Don't speak at all

How well do you speak English language?

Excellent Well Little Don't speak at all

Do you speak any other languages? Yes No

If yes please list the other languages you speak: _____

Membership Fees:

Every member must pay their full membership fee either at the beginning of the calendar year or in two six month installments. The full membership fee is \$30 per month or \$360 for one year. Single mothers, retirees and disabled people pay \$10 per month or \$120 dollars per year. If for whatever reason one cannot pay any amount then he or she must submit written request to waive or reduce all yearly membership fees. Please select one of three categories below.

I will pay full membership fee of \$360 dollars

I am single mother, disable person, retiree

I am unable to pay full or minimum fees

If you selected the third option for membership fee in previous section please explain why you are not able to make payments. Please use back of this page if you need additional space.

Please list any suggestions and or ideas about future work and activities of Association of Bosniaks of New Hampshire

Signature: _____

Date: _____



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This portion of application is to be filled by other family members 18 years or older

What is your relationship to the family head of household?

Husband Wife Parent Child Brother/Sister Other

First name: _____ Last Name: _____ Sex: Male Female

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____ State: _____ Date of arrival to USA: _____

Citizenship Status

US Citizen
 BIH Citizen
 Green Card Holder
 Other

Marital Status

Married
 Divorced
 Single
 Widower

Education

Middle School
 High School
 College
 Other

If other please explain: _____

Would you like to participate in any of the activities below? Yes No

If yes please check which activities are of interest to you:

Folklore Dance Bosnian Language Religion/Ethics Sports Other

If other please explain: _____

Are you interested in volunteering within the association? Yes No

If yes please list the activities: _____

Are you interested in becoming a member of the Board of Directors of ABNH? Yes No

Do you have a hobby? Yes No

Music Photography Folk Dance Hand Crafting Sport Other

If other please explain: _____

How well do you speak Bosnian language? Excellent Well Little Don't speak at all
How well do you speak English language? Excellent Well Little Don't speak at all
Do you speak any other languages? Yes No

If yes please list the other languages you speak: _____

Please list any suggestions and or ideas about future work and activities of Association of Bosniaks of NH

Signature: _____

Date: _____



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Information about household members less than 18 years old

What is your relationship to family legal guardian?

Child Sister Brother Cousin Other

First name: _____ Last Name: _____ Sex: Male Female

Mobile Phone: _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____ State: _____ Date of arrival to USA: _____

Would you like to participate in any of the activities below? Yes No

If yes please check which activities are of interest to you:

Folklore Dance Bosnian Language Religion/Ethics Sports Other

If other please explain: _____

Do you have a hobby? Yes No

Music Photography Folk Dance Hand Crafting Sport Other

If other please explain: _____

Do you play any musical instruments? Yes No

If yes please list the instruments you play: _____

How well do you speak Bosnian language?

Excellent Well Little Don't speak at all

How well do you speak English language?

Excellent Well Little Don't speak at all

Do you speak any other languages? Yes No

If yes please list the other languages you speak: _____

Signature of legal Guardian _____

Date: _____