



# Miss Akwa Ibom / Mr Akwa Ibom Registration Form

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Chapter Representing: \_\_\_\_\_ **Age:** \_\_\_\_\_

|  |                        |                                 |                                |                       |                                 |                                |
|--|------------------------|---------------------------------|--------------------------------|-----------------------|---------------------------------|--------------------------------|
| Competition of Interest:<br>(Select One) | <b>Miss Akwa Ibom:</b> | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <b>Mr. Akwa Ibom:</b> | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|--|------------------------|---------------------------------|--------------------------------|-----------------------|---------------------------------|--------------------------------|

Are you a citizen of the United States? YES  NO  If no, are you authorized to live in the U.S.? YES  NO

## Biography

## Note

*Please Send Completed Form with a Self Portrait - Headshot. (Professional Photo is Preferred).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_