**NON-CAMEROONIAN DESCENT MEMBERSHIP CONSENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby state that I am aware that I have been enrolled with SOBATAM since \_\_\_\_/\_\_\_\_/20\_\_\_. My SOBATAM ID is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I fully consented to and approved of this action, and I acknowledge that I willingly designated as my beneficiary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The beneficiary designation shall remain valid until revoked in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s Telephone/Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s name Member’s signature (signed in presence of said Notary Public)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public’s signature

\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_

Subscribed and sworn before me on

on this date (mm/dd/yyyy)

\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_ Notary Public Seal

My commission expires on this date

**SBTM-NCDM-CF-001 INSTRUCTIONS**

This form must be signed by a current member of SOBATAM who is not of Cameroonian descent or an immediate relative (spouse/domestic partner, child, mother, father) of a member of Cameroonian descent, to continue his/her membership with SOBATAM.

The form must be signed before a Notary Public whose commission is still valid and who requires providing fingerprints.

1. Fill out the form with your full name, address, SOBATAM ID and the full name and address of the person currently designated as your beneficiary on SOBATAM files.
2. Sign the form in front of a Notary Public
3. Email a copy of the form along with a copy of your photo ID at registration@sobatam-na.org
4. Keep the original signed form for your record.

Note that the date of enrollment corresponds to 90 days before the benefit activation date that appears in the group summary provided by SOBATAM.

The administrator of the group or the member with a SOBATAM account can also view this information by login on their SOBATAM account.

To get a SOBATAM account, a member simply needs to provide an email address.