



Motto: "Itongi Basusu Isa Ritaka" (Many Hands Do Light Work)
Registered 501c Not for Profit Organization under the State of Georgia
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OCA-USA DEATH INSURANCE FUND APPLICATION

Membership No. _____

Date: _____

Applicant Information:

Name: _____
(First Name) (Middle Initial) (Last Name)

Phone #: _____

Dependent/Beneficiary Information:

Name: _____ Relationship: _____

Beneficiary Phone# : _____

Chapter Information (City and State for Members at Large):

Name of Chapter: _____ OR City _____ State _____

By Signing below, you agree with the terms and conditions of the OCAUSA Death Insurance By-Laws

Applicant Signature: _____ **Date** _____

For Official Use Only:

Approved

Rejected

Dismissed/Withdrawn