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| Attach copy of recent passport photograph |

Planned Parenthood Federation of Nigeria

APPLICATION FOR MEMBERSHIP FORM

Name (Surname First): .....................................................................................................

Address: ..................................................................................................................................

E mail Address: ..................................Telephone No: ......................................................

Occupation/ Profession: .....................................................................................................

Qualifications: ......................................................................................................................

Marital Status: Married/Single......................................... Age: .....................................

Male: Female No. of Children: .........................

Class of Membership Desired: Life: ................................................................

 Ordinary: ...................................................

 Youth Volunteer: .....................................

State Association /Branch you wish to belong: .........................................................

Referee/Recommended by: Name: .......................................................................................

 Address: .....................................................................................

 Phone & Email: ................................................................

Declaration:

I,.......................................................................whose personal data are given above, hereby apply for membership of the Planned Parenthood Federation of Nigeria (PPFN), and undertake to pursue its aims and objectives.

Categories of Membership Fees. Tick whichever is Applicable:

1. Application fee of N5,000.00 for life Membership (N500.00 Annual Subscription)
2. Application fee of N1,000.00 for Ordinary Membership renewable yearly (N500.00 Annual Subscription)
3. Application fee of N250.00 for Youth Volunteer (N200.00 Annual Subscription)

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| * Please note that advice will be given on method of payment of fees after application has been successfully processed and accepted.
* Please DO NOT submit application with fees. You will be advised.
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| Any applicant for membership as a Youth Volunteer must show evidence of age by attaching to this application form a copy of his/her Certificate of Birth or Sworn Affidavit which shall be subject to verification (where necessary). |

Applicant’s Signature: ................................................................................ Date: ..............................................................

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 FOR OFFICIAL USE ONLY

Date Registered: ............................................ PPFN Receipt No: ....................................

Name & Signature of Regional Director: ...........................................................................