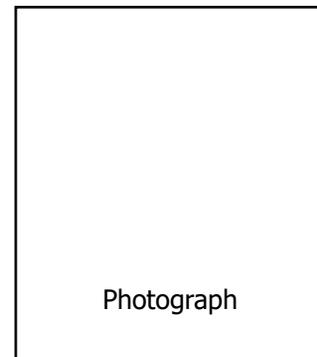




MEMBERSHIP APPLICATION FORM



INSTRUCTIONS: Please fill out all required fields accurately. Ensure all information is complete before submission. Submit completed form to: screening.jabifriendsclub@gmail.com. For inquiries, contact: +234 806 098 3636 jabifriendsclub@gmail.com.

1. PERSONAL INFORMATION

Full Name (Capitals, Surname First)	
Title	
Date of Birth	
Gender	
Postal Address	
State of Origin	
LGA	
Phone Number	
Email Address	

2. BACKGROUND INFORMATION

Academic Qualification(s)	
Occupation/ Business	
Marital status	
Next of Kin	
No of Children	

3. INTERESTS AND GOALS

Why do you want to join the Jabi Friends Club? Briefly explain your interest in the Club and what you hope to contribute or gain from membership.	
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4. ADDITIONAL INFORMATION

How did you hear about the Jabi Friends Club?	
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5. REFEREE INFORMATION

Please provide details of two referees who can vouch for your character or suitability for membership

REFEREE 1

Full Name	
Contact Address	
Phone Number	
Email Address	
Relationship with Applicant	
How long has he known you?	

REFEREE 2

Full Name	
Contact Address	
Phone Number	
Email Address	
Relationship with Applicant	
How long has he known you?	

6. TERMS AND CONDITIONS

<p>i. I agree to abide by the rules and regulations of the Jabi Friends Club.</p> <p>ii. I confirm that the information provided is accurate to the best of my knowledge.</p> <p>iii. I understand that membership approval is subject to review by the club's screening committee.</p>	<p>Applicant's Signature:</p> <p>Date:</p>
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7. FOR USE BY SCREENING COMMITTEE

Application Received Date	
Membership Status	<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied
Membership Number (If approved)	
Notes	

Chairman

Secretary