



"In pursuance of national development"

APPLICATION FOR MEMBERSHIP

(Spouses and persons over 18 to fill in a separate application – you may photocopy this form)

Title: _____ Surname: _____ First/middle names (in full): _____

Sex: Male Female | DOB DD / MM / YY

Home Address: _____

Place of Birth: _____

Postcode: _____ Country: _____

Marital Status _____

Employer's name/College name and Address (if self-employed, please state the business name): _____

Postcode: _____ Country: _____

Phone: _____ Home Mob: _____ Office

Fax: _____

E-mail: _____

Tick the box for your preferred mailing address: Home — Office

Profession or Position in Company: (E.g. Medical Doctor, Athlete, Engineer, Musician, Teacher, etc. If student, please specify course. If self-employed, what is the nature of your business?) _____

Educational Qualifications (Including Professional Association, if applicable.) _____

Professional Experience (List the last three posts you have held, if applicable) _____

Professional Projects Undertaken (Please list up to 3 projects you have undertaken, if applicable) _____

Projects Undertaken	Year it was undertaken
_____	_____
_____	_____
_____	_____

Major Publications or Achievements (If any) please list in order of priority or job-related. Please DO NOT send copies of your publications

Any additional useful information

If you are admitted to membership, are you willing to serve in any of the Committees? Yes No

I am over 18 and hereby apply for membership of Nigerians In Diaspora Organisation Europe – NIDOE. I undertake to abide by the Rules of the Organisation. I further undertake to conform to and promote the policies, goals and objectives of the organisation. I also confirm that all information supplied in this application is true and correct.

<u>Subscription details:</u>	<u>Subscription Due</u>	<u>Full-time under-graduate students and person over 65 years</u>
Application fee (payable only once)	\$ 100.00 (or equivalent)	\$ ----- (or equivalent)
Your Subscription fee for _____ year	\$ _____ (or equivalent)	\$ _____ (or equivalent)
TOTAL DUE	\$ _____ (or equivalent)	\$ _____ (or equivalent)
Voluntary contribution (optional):	\$ _____	\$ _____

Please forward the completed application form with your cash payment to:

**Attention: General Secretary,
Nigerians In Diaspora Organisation Russia (NIDO RUSSIA)**

Signed

Dated

<u>For official use only</u>	
Entered:	Membership No:
Checked:	Start Date:
Committee approved.....	Board approved:

The information contained in this Form is subject to the terms of the Data Protection Act 1984. Page 2 of 2