PRESIDENT BOLA AMHED GCFR RENEWED HOPE MASTER CLASS

PROSPECTIVE APPLICANT FORM

AFFIX PASSPORT

GRADE
(TICK APPLICABLE GRADE)

CORPORATE MEMBER: ☐

ASSOCIATE: ☐

E-MAIL ADDRESS: _____

TELEPHONE NO(S): _____

PERSONAL INFORMATION:

NAME: _____
(CAPITALS) SURNAME (OTHER NAMES)

HOME ADDRESS: _____

POSTAL ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

NATIONALITY: _____ SPECIALISATION: _____

PRESENT PLACE OF EMPLOYMENT AND POSITION: _____

_____

DETAILS OF PRIMARY EDUCATION (INCLUDE DATES): _____

_____

DETAILS OF SECONDARY EDUCATION (INCLUDE DATES): _____

_____

DETAILS OF UNIVERSITY / TECHNICAL / EDUCATION (INCLUDE DATES): _____

_____

ACADEMIC: QUALIFICATIONS (ATTACH PHOTOSTAT COPIES OF CERTIFICATE): _____

_____

MEMBERSHIP OF OTHER PROFESSIONAL INSTITUTIONS/SOCIETIES: _____

_____
(ATTACH PHOTOSTAT COPIES OF CERTIFICATES)

OTHER: _____ DISTINCTIONS: _____ AWARDS: _____

SPOUSE

NAME: _____
(CAPITALS) SURNAME (OTHER NAMES)

E-MAIL: _____ BIRTHDAY (DAY & MONTH ONLY): _____

TELEPHONE:_____

PROPOSERS:

We recommend the application of _____ in his desire to become a_____ of the Institution and hereby propose him to the Council.

1. NAME:_____

NAME IN FULL Signature Class Membership No. Date

2. NAME:_____

NAME IN FULL Signature Class Membership No. Date

DECLARATION:

I,_____, agree with the aims and objects of the Institution and will abide by its Memorandum and Articles.

I also promise that, in the event of my admission, I will be governed by the Memorandum and Articles of Association of the Institution for the time being in force, and its code of ethics and that I will accept as final and binding the decisions of the executive Council on all matters dealt with by them in accordance with the provision of the said memorandum and articles.

I will advance the objects of the Institution by presenting papers and discussion and attending the meetings of the Institution as often as possible.

DATE:_____ SIGNATURE OF CANDIDATE:_____

PARTICIPANT LOCAL COUNCIL

This section must be completed by the chairman of the candidate's intended Chapter. The application will not be processed further without these.

NAME: _____

(CAPITALS) SURNAME (OTHER NAMES)

HOME ADDRESS: _____

POSTAL ADDRESS:_____

CHAPTER: _____

PRESENT PLACE OF EMPLOYMENT AND POSITION:_____

_____

ACADEMIC QUALIFICATIONS:_____

MEMBERSHIP OF OTHER PROFESSIONAL INSTITUTIONS / SOCIETIES:_____

_____

CHAPTER CHAIRMAN'S NAME AND SIGNATURE: _____

_____

FOR OFFICIAL USE ONLY

DATE OF APPLICATION: ____________________

RECOMMENDATION OF MEMBERSHIP BOARD: ____________________

DATE: ____________ CHAIRMAN MEMBERSHIP BOARD: ____________

ADMISSION APPROVED BY THE COUNCIL THIS ____________ day of ____________

TRAINING BOARD CHAIRMAN: ____________________

TRAINING BOARD EXECUTIVE SECRETARY: ____________________

MEMBERSHIP GRADE: ____________________

REGISTRATION NUMBER: ____________________

STATEMENT OF EXPERIENCE AND RESPONSIBILITY

DATE FROM DATE TO	POSITION, EMPLOYER AND DEDESCRIPTION OF PROJECT (WITH COSTS ETC)	CONFIRMED BY
	Additional information may be given overleaf	

NAME: ____________________