



NAF MEMBERSHIP FORM

A nonprofit and equal opportunity organization.

Please answer all questions. This form is designed for several purposes. Some questions may not be completely applicable; however, we ask that you answer all

PERSONAL DATA

Last name (please print)	First	Middle	Profession
Present Address	Street	City/State	Zip code
Telephone (Home)	Cell Phone	E-mail	

Place of Birth

OTHER ORGANIZATION DATA:

Please list all former & current membership with other organizations

Name of organization	Phone	From	to
Reason for leaving			
Name of organization	Phone	from	to
Reason for leaving			

CONTACTS DATA

IN CASE OF EMERGENCY, NOTIFY (In the USA)

Name	Phone number	Relationship
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(Address in USA)

IN CASE OF EMERGENCY, NOTIFY (In Nigeria)

Name	Phone #	Relationship
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(Address in Nigeria)

MEMBERSHIP DUE/DONATION:

Annual membership due is \$150.00 (To be paid by April of each year)

Member's Statement: I certify that the answers given herein are true and complete to the best of my knowledge, and agree to pay any associated dues/fees.

Signature _____ Date; _____

DISCLAIMER:

This organization is an equal opportunity organization. We adhere to policy of making decision without regard to ethnic background, age, sex, or religion. We assure you that your opportunity to hold an office in this organization depends solely in the conduct of democratic election.

THOUGH OUR TONGUES AND ETHNIC ORIGIN MAY DIFFER ... IN BROTHERHOOD WE STAND!!!