

APPLICATION FORM
IFA NIGERIA BRANCH

(Please TYPE)

SURNAME *) : _____

TITLE (e.g. Prof., Dr): _____ Mr / Mrs / Ms

FIRST NAME(s) **) : _____

MAILING ADDRESS :
(firm/company) _____

Street/No or P.O.Box : _____

City : _____

Country : _____

TELEPHONE : _____ FAX: _____

E-MAIL : _____

DATE OF BIRTH : _____
(dd-mm-yyyy:)

Application for : individual / corporate membership (please circle)

*) In case of corporate membership please fill out: Company name

**) In case of corporate membership please fill out: Representative(s)

Educational : _____

Qualifications _____

Publications : _____

Professional : _____

Memberships _____

Please enclose TWO letters of recommendation by IFA members

Membership fee 2020:

Individual Membership : N65,000

Corporate Membership : N135,000

Individual/Corporate membership fee 2020 (please circle relevant item)

Please sign and forward form and enclosures to:

IFA NIGERIA BRANCH

c/o ALEX

4th Floor, Union Marble House
1, Kingsway Road, Falomo, Ikoyi
Lagos, Nigeria

Tel.: (+234-1) 4617321-3

E-mail: lagos@aelex.com

DATE: _____

SIGNATURE: _____