



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



MEMBERSHIP APPLICATION FORM

ASQIN/MA/FORM/1/.....

APPLICATION FOR MEMBERSHIP INTO ASTRO-QIBLAH INITIATIVE (ASQIN)

Please read the following notes carefully before completing this form:

- i. This form should be completed in Capital Letters in Duplicate by the applicant in his/her own hand writing and submitted to the Secretary. ASQIN;
- ii. Failure to complete the form with every relevant detail may lead to the delay in the consideration or even rejection of the application;
- iii. Any false declaration or suppression of relevant information is an offence punishable under the law. This would lead (to) instant disqualifying of the applicant;
- iv. This application must be accompanied with photocopy of receipt of payment of N1,000:00 non-refundable fees
- v. Photocopies of all academic qualifications must be attached (Optional)

PART 'A' APPLICANT PERSONAL DATA

- i. Names in full:
- ii. Date of birth:
- iii. Sex:
- iv. Marital Status:
- v. Local Government:
- vi. State of Origin:
- vii. Country:
- viii. Residential Address:
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.....
- ix. Occupation:
- x. Name of Organization and Address:
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- xi. Rank or Position held:
- xii. Phone Number:
- xiii. Email-Address:

PART 'B' APPLICANT NEXT OF KIN PERSONAL DATA

- i. Names in full:
- ii. Residential Address:
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- iii. Occupation:
- iv. Name of Organization and Address:
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- v. Phone Number:
- vi. Email-Address:
- vii. Relationship of Next of Kin:

PART 'C' APPLICANT DETAILS EDUCATIONAL QUALIFICATIONS (OPTIONAL):

Institution Attended and Qualification Obtained with date

- i.
- ii.
- iii.
- iv.
- v.

DECLARATION

I

Declare that the foregoing information are to the best of my knowledge and believe to be complete and correct, and I have not suppressed any information about myself which may influence the Astro-Qiblah Initiative in considering this application. I understand that any false statement or intentional omission may render me liable to prosecution and termination of membership.

Signature of Applicant: Date:

Signature of witness: Date:

Name of witness:

Address of witness:

Phone number of witness:

FOR OFFICIAL USE ONLY

Recommendation:

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Applicant Admitted/Rejected:

If admitted membership number:date.....

Secretary BOT Signature: date

Chairman BOT Signature: date

