MEMBERSHIP FORM

Form No: +256774359647

TO APPLY FOR MEMBERSHIP PLEASE COMPLETE ALL QUESTIONS.

Director / President / Chairman: _____ **Date:** D D M M Y Y Y Y

Membership Type : ☐ **Regular** ☐ **Exclusive** ☐ **VIP**

TERMS & CONDITIONS

All information provided must be accurate and complete. Any false information may result in disqualification.

PERSONAL INFORMATION

First Name : _____

Place of Birth : _____ **Date of Birth :** D D M M Y Y Y Y

Full address : _____

Status : ☐ **Single** ☐ **Married** ☐ **Divorce** ☐ **Others**

Nationality : _____ **Postcode :** _____

Religion : _____ **City/Country :** _____

Email : _____

Driver's License : ☐ **Yes** ☐ **No** **Gender :** _____

Applicants / Account Holder's Name: _____

Notes: By registering, you agree to the collection and use of your personal information for event-related purposes as outlined in our privacy policy.

Kids of Africa under motherless action foundation

To bring hope to the communities

We dedicated to support orphans with quality education, healthand feeding and bring up them in Christ like being

_____

Signature Of CEO