



**ASSOCIATION OF FOREIGN RELATIONS PROFESSIONALS OF NIGERIA  
(AFRPN)**

**REGISTRATION FORM**

Please complete the form below to register as an Associate Member of AFRPN

\*Surname:..... \*Title:.....

\*First Name..... \*Middle Name.....

\*Gender: (M)..... (F)..... \*Date of Birth: \*Day..... \*Month.....Year .....

\*Qualification(s): \*WASC.....\*Others:.....

\* Work Experience:.....

\* Job Description:.....

Student

\*University:.....\*Level.....

\*Academic Major:.....

Contact Details

\*Address:.....

\*E-mail:..... \*Cell phone: .....

\*Brief description of yourself:.....

.....

\*Sponsor's Name:.....

\*Signature:.....Date:...../...../.....

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**Official Use Only**

**Mode of Payment: By Transfer:.....Cashier Teller:.....Cash:.....**

**Amount Paid:..... Cleared By:.....**

**\*All asterisked field must be filled. We appreciate your membership.**