



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

REGISTRATION FORM

Please complete the form below to register as a Member of AFRPN

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

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

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

*Qualification(s): *Degree.....*Post Graduate:.....

*Discipline:.....

*Place of Work:.....

*Job Description:.....

Contact Details

*Address:.....

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

*Brief description of yourself:.....

.....

*Sponsor's Name:.....

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

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.**