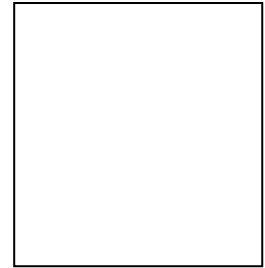




**WEST AFRICAN DEVELOPMENT MEMBERSHIP FORM**



(Attach Your ID Photo)

**PLEASE COMPLETE THIS FORM AND RETURN IT TO ADDRESS: 6 BROOKDALE AVENUE ASHTON UNDER LYNE LANCASHIRE OL6 7UD (UNITED KINGDOM)**

Gender (Tick as appropriate): Male  Female  Others: .....

Name of Applicant: .....

Parents or Guardians Names (If you are under 16 years old): .....

.....

Your Nationality: ..... Your Ethnicity: .....

Your Date of Birth: ...../...../..... Contact Number: .....

Your Address: .....

..... Post Code: .....

Email: ..... Present Occupation: .....

Special Interest/Hobbies: .....

How did you come to know about West African Development ?.....

.....

Tell us about your voluntary work experience: .....

.....

Reference Full Name: ..... Phone No: .....

Please tick the relevant box for membership type: General  Community Member  Volunteer

Signature of Applicant: ..... Date: ...../...../.....

**(FOR OFFICE USE ONLY)**

Membership Number: ..... Date of Registration: ...../...../.....

Full Name Of WAD Representative: .....

NOTE or Requested: .....

.....

Position: ..... Signature: .....

**Registered Charity No: 1132899**