



Date Joined:

Member No:

Personal Details:

Surname:

First Names:

Village:

Town:

L.G.A:

Phone No:

Whatsapp No:

Email:

Residential Address

Occupation: Employed Unemployed Student Pensioner

Do you want to become a member of ASA? Yes, I want I am only a Visitor No, I don't want

Would you need our ASA Care support to contact you for guidance and counselling on any of these Issues

Housing Jobs Resident Permit Legal Issues Others Specify

Family Details:

We value our families and ASA would like to involve all our children and wives in our ASA Family project. Please kindly provide us with information about our children here or elsewhere

Marital Status: Single Married Divorce Others

No of Children No of Children in Finland Wife's Name:

If you would you like your children to participate in our Igbo Family projects, like learning Igbo language, Igbo Folklores, Igbo Culture, Igbo dance and History or to receive our seasons greeting cards as member of our ASA family Provide the following information

Provide Names of your kids:	1.	2.
3.	4.	5.
6.	7.	8.

Do you accept our Constitution/Bylaws

Signature /Date and Place

Yes I agree

No I disagree

For Official use only

Membership Fee paid	Yes	No	Amt:	Date	Receipt No
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Processed by	Remarks
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ASA Constitution given?	Yes	No	Date
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Application Checked /Verified	Yes	No	Approved:	Rejected
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Secretary Signature /Date

Chairman Signature/Date