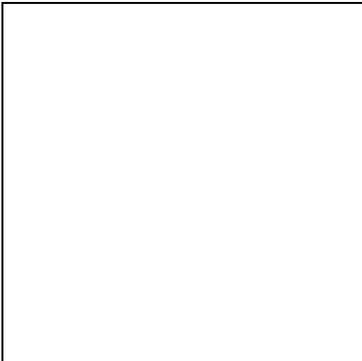




4, AKANBI DANMOLA STREET,  
 OFF RIBADU ROAD,  
 P. O. BOX 55775,  
 IKOYI LAGOS.  
 TEL: 2694283  
 EMAIL: info@nigerianheart.org  
 www.nigerianheart.org



**INDIVIDUAL MEMBERSHIP APPLICATION FORM**

NAME: .....

DATE OF BIRTH: ..... SEX:..... NATIONALITY:.....

PROFESSION: ..... POSITION: .....

HOME ADDRESS: .....

TELEPHONE NO(S): .....

MOBILE/GSM: ..... FAX: .....

OFFICE ADDRESS: .....

TELEPHONE NO(S): ..... FAX: .....

EMAIL ADDRESS: ..... P. O. BOX .....

COMPANY SECRETARY: .....

PREFERED MAILING ADDRESS (Please tick appropriate box) Office  Email  P. O. Box

INTEREST IN THE NHF e.g. FUND-RAISING, MEMBERSHIP, SCITIFIC, EDUCATION COMMITTEE.  
 .....

MEMERSHIP CATEGORY APPLIED FOR: .....

INTRODUCED BY: .....

DATE: ..... SIGNATURE: .....

**CHEQUE OR BANK DRAFT PAYABLE TO "NIGERIAN HEART FOUNDATION"**

<b><u>MEMBERSHIP CATEGORIES</u></b>		
	<b>ENTRANCE FEES(₦)</b>	<b>ANNUAL DUES(₦)</b>
ORDINARY MEMBERSHIP	2,500	2,000
<u>SPECIAL MEMBERSHIP</u>		
BENEFACTOR	500,000	25,000
SPONSOR	250,000	20,000
SUSTAINER	100,000	20,000
SUPPORTING DONOR	50,000	10,000
PATICIPATING DONOR	25,000	10,000

For Office Use Only

Receipt Number: ..... Date Application Approved:..... Membership Number: .....