NIGERIAN HEART FOUNDATION

4, AKANBI DANMOLA STREET
OFF RIBADU ROAD, IKOYI
LAGOS
EMAIL: info@nigerianheart.org
www.nigerianheart.org

INDIVIDUAL MEMBERSHIP APPLICATION FORM

NAME: _____

DATE OF BIRTH: _____ SEX _____ NATIONALITY _____

PROFESSION _____ POSITION _____

HOME ADDRESS _____

_____

MOBILE NO _____

OFFICE ADDRESS _____

OFFICE TELEPHONE (NOS) _____

EMAIL ADDRESS _____

CONTACT PERSON _____

PREFERRED MAILING ADDRESS *(Please Tick Appropriate Box)* OFFICE ☐ EMAIL ☐

INTEREST IN THE NHF (EG, RESEARCH, ADVOCACY, SCIENTIFIC FUND RAISING)

INTRODUCED BY _____ DATE _____ SIGNATURE _____

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

ACCOUNT DETAILS: GTB 000-563-8063

REGISTRATION FEES: **N50,000** ANNUAL FEES: **N25,000**

For Office Use Only

Receipt Number: _____ Date Application Approved: _____ Member's Number: _____