

THE OSUN INDIGENES ORGANIZATION

Membership Application

Meeting Days: First Saturday of every month
Starting Time: 6:00 PM Closing Time: 8:00 PM

DATE _____

FULL NAME (Last, First) _____

STATE OF ORIGIN _____

LOCAL GOVERNMENT _____ HOMETOWN _____

USA ADDRESS _____

TELEPHONE: (Home) _____
 (Work) _____

DATE OF BIRTH _____
(Day and Month)

EDUCATIONAL
QUALIFICATION _____

PERSONAL INTERESTS
AND HOBBIES _____

NATURE OF WORK/
BUSINESS _____

WHY WOULD YOU LIKE TO BE A MEMBER OF T.O.I.O.G?

BRIEFLY DESCRIBE YOUR STRENGTH

BREIFLY DESCRIBE YOUR WEAKNESS

This is to certify that I have read and understand the content contained in this application and pledge to be committed, trustworthy, reliable, valuable member, and to abide with the rules and regulations of The Osun Indigenes Organization.

Applicant's Signature

Secretary's Signature

President's Signature