

FRIENDS OF SAVAN REGISTRATION FORM

REGISTRATION FORM (_____ CHAPTER)

SECTION A

PERSONAL BIODATA

1. NAMES _____
2. SEX _____ 3. MARITAL STATUS _____
4. RESIDENTIAL ADDRESS _____
5. OFFICIAL ADDRESS _____

6. OCCUPATION: _____
7. STATE OF ORIGIN: _____
8. REASON FOR MEMBERSHIP APPLICATION: _____
 - A. TO SOURCE FOR FUND FOR THE ASSOCIATION
 - B. TO ACT AS VOLUNTEER FOR THE ASSOCIATION
 - C. TO VISIT PATIENTS IN THE HOSPITAL
 - D. TO ACT AS RESOURCES PERSONS IN THE WORKSHOP/SEMINARS
 - E. PRODUCTION OF JINGLES/DRAMA
 - F. TO DONATE BLOOD
 - G. MONTHLY FINANCIAL CONTRIBUTION OF _____
 - H. OTHERS (Please specify) _____

SECTION B

I pledge to be loyal, honest and committed to the objectives of SAVAN throughout my membership, so help me God.

Signature of Applicant

Date

SECTION C (Official use only)

- (A) Accepted/Not Accepted _____
- (B) Status of Membership _____
- (C) SAVAN Registration Number _____

Chairman Screening Committee

Application forms should be returned to SAVAN Liason Office, Accident & Emergency Unit UBTH, Benin City

N/B – Forms to be returned with N 100.00 Cheque, addressed to SAVAN, you can make photocopies for your friends.

Send forms to the nearest SAVAN office to you.

See Addresses of all SAVAN Centres. Only acceptance from SAVAN HQ is authentic.