

# White Dove Women Alliance for Peace Security and Development (WAPSED)

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## MEMBERSHIP FORM

NAME .....

DATE OF BIRTH .....

GENDER .....

OCCUPATION .....

COUNTRY .....

STATE .....

PHONE NUMBER .....

Email ADDRESS .....

CONTACT ADDRESS .....

EDUCATIONAL QUALIFICATION .....

### SELECT MEMBERSHIP CATEGORY

INDIVIDUAL ..... #1,000.00

COPORATE ..... #1,500.00

EXECUTIVE ..... #2,000.00

### DECLARATION.

I ..... (Your Name) declare that all information given in this form is true to the best of my knowledge. I will abide by the rules, and work in the interest of this Organization. My membership shall be cancelled by the Chairperson if my activities or conduct are found to be contrary to the values of this Organization.

DATE \_\_\_\_\_

Signature \_\_\_\_\_

***This form can be filled, scanned and mailed to [contact@wapsed.org](mailto:contact@wapsed.org) or filled online at [wapsed.org](http://wapsed.org)***