



# THE OSUN INDIGENES ORGANIZATION

USA Chapter

## MEMBERSHIP APPLICATION FORM

Membership Application DATE \_\_\_\_\_

FULL NAME (Last, First, Initial) \_\_\_\_\_

STATE OF ORIGIN \_\_\_\_\_

LOCAL GOVERNMENT \_\_\_\_\_ HOMETOWN \_\_\_\_\_

USA ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

BRIEFLY 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 \_\_\_\_\_