



# OPERATION SAVE AFRICA (OSAF)

📍 911 Jefferson Street N. W. Washington D. C. USA    ✉ operationsaveafrica@yahoo.com    📞 2027939376

## MEMBERSHIP APPLICATION FORM

This form should be collected with a non refundable fee of ₦100

Use Block Letters

Title: Mr/ Mrs/ Master/ Miss/ Dr/ Chief/ etc. \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

State of Residence: \_\_\_\_\_

L.G.A. \_\_\_\_\_

Nationality: \_\_\_\_\_

Gender: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Educational Level: \_\_\_\_\_

Discipline: \_\_\_\_\_

Residential Address (P. O. Box If any) \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: 1 \_\_\_\_\_

2 \_\_\_\_\_

### MEMBERSHIP CATEGORY (TICK)

Students Volunteer Group - ₦100

Community Volunteer Group - ₦200

Voluntary Service Group - ₦500

Associate Membership - ₦1000

### DEPARTMENT OF INTEREST (TICK)

Disaster Management

Health and Safety

Education

Poverty Alleviation

**Note:** Your membership category notwithstanding, you are entitled to local and international travels when the need arises

I state that the above information are to the best of my knowledge true and verifiable,  
I promise to abide by the rules and regulations of the organization.

Name of Applicant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_