



# VIRAL HEPATITIS ASSOCIATION OF NIGERIA

## MEMBERSHIP APPLICATION FORM

**International Headquarters:** Plot 3 odududwa Crescent, Phase II, Site II (2-2),  
Besides St. Bartholomew Anglican Church, Kubwa, FCT,  
Abuja. Tel:08056207940, Email: [eradicatehepatitisnmalaria@gmail.com](mailto:eradicatehepatitisnmalaria@gmail.com),  
Web Site: [www.efihealth.org](http://www.efihealth.org)

**National Relations Office:** 44, Ndagi Faruk Street, Jos, Plateau State  
Tel: 08056207940, Email: [efihealthjos@yahoo.com](mailto:efihealthjos@yahoo.com)

AFFIX  
PASSPORT

PLEASE FILL SECTION: A, C, D, E, F FOR ORGANIZATION & A, B, D, E, F FOR INDIVIDUAL  
TICK AS APPROPRIATE

- Individual
- Organization

### A. INDIVIDUAL INFORMATION

12-month Membership  Renewal (complete financial section)  New Application

Full Name of Individual (Please type or write clearly)

Surname		Other names
Address		

E-Mail \_\_\_\_\_ Telephone No \_\_\_\_\_

Website \_\_\_\_\_

State \_\_\_\_\_ LGA \_\_\_\_\_ Date of Birth \_\_\_\_\_

**B. EDUCATIONAL QUALIFICATIONS** (Please attach photocopies of all certificate)

UNIVERSITIES, COLLEGES, SECONDARY SCHOOLS,ET.C	FROM	TO	MAIN COURSE STUDIED	QUALIFICATION OBTAINED

**C. Organisation and Contact Details**

Full legal name of organisation:

.....

Name of organisation in English:

.....

Usual name/acronym:

.....

Address:

.....

.....

.....

Mailing address (if different):

.....

.....

.....

General phone number: Country code (.....) City code (.....)  
.....

Fax number: Country code (.....) City code (.....)  
.....

General e-mail:  
.....

Website:  
.....

Other means of contact:  
.....

Contact Person (*This person will be your organisation's main contact point with VHAN*).

Name of contact person:  
.....

Job title:  
.....

Direct phone number: Country code (.....) City code (.....)  
.....

Fax number: Country code (.....) City code (.....)  
.....

E-mail:  
.....

Other means of contact: .....

**MEMBERSHIP DUES (Attach payment receipt)**

Application Form: N2000; Dues (Yearly): Based on Membership Segment  
(Please pay into any Zenith Bank acc (6214403952) VHAN nearest to you)

**D. MEMBERSHIP SEGMENT/DUES**

MEMBERSHIP SEGMENT	DUES
1. STUDENT	N5,000
2. REGULAR FULL MEMBER	N20,000
3. ASSOCIATE MEMBER	N25,000
4. STRATEGIC(VOTING) MEMBER	N50,000

### **E. APPLICATION UNDERTAKING**

I hereby declare that the information in this form is true and I agree that **VHAN** has the right to withdraw my membership if at any time discovered that I have intentionally falsified any answer.

Signature \_\_\_\_\_ Thumbprint \_\_\_\_\_ Full Name \_\_\_\_\_

Date \_\_\_\_\_

*Viral Hepatitis Association of Nigeria (VHAN)*

*Plot 3 odududwa Crescent, Phase II, Site II (2-2), Besides St. Bartholomew Anglican Church, Kubwa, FCT, Abuja. Tel:08056207940, Email: eradicatehepatitismalaria@gmail.com, Web Site: www.efihealth.org*

## **NOTE**

- I. You are to attach all relevant documents to this application
- II. You are to attach photocopies of. (i)Evidence of organization registration with CAC