

You can find this form on our website:
<https://www.apfpn.org/membership-form/>

Name: _____

Current Address: _____
_____ **Zip Code:** _____

Email: _____

Phone: _____

Facebook name (optional): _____

Please tell us a little about yourself:

Who are you? A...	<input type="checkbox"/> Student <input type="checkbox"/> Faculty/staff member <input type="checkbox"/> Community partner
Which university/organization are you associated with?	
If a student, what is your major?	
If a student, which program are you in?	<input checked="" type="checkbox"/> Undergraduate <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Post-doctorate

If you are interested in participating in one of the SSGH committees, please tick appropriate box:

Host Café events Multicultural Gala Domestic Trips International Trips

Fundraising

MEMBERSHIP FEE

₦6000.00 Yearly students membership/subscription's ₦24,000.00 Lifetime students membership/subscription

PAYMENT METHODS

Cash Credit Card

Please complete this form & return to: APFPN STUDENT's Account/@APFPN's National Account