



THE AMERICAN WOMEN'S CLUB OF LAGOS

MEMBERSHIP FORM 2014 2015

Please complete all information and return completed form to the Membership Chair or any board member. Asterisk (*) indicates information provided in the printed Membership Directory. The information provided on this form is useful for organizing activities and will be available for club members to use for networking purposes ONLY within the Club. Club members will only have access to the asterisked information.

NEW Renewal Past Member
Voting Associate

Membership Verification
US Passport Spouse of US Citizen
Employment by US Company

MEMBERSHIP TYPE:

VOTING MEMBERSHIP shall be open to women citizens of the United States of America and wives of United States citizens residing in Lagos. ASSOCIATE MEMBERSHIP shall be open to foreign women in Lagos who are employed or whose husbands are employed by American firms.
* A N5,000 fee is required for annual membership (dues will not be prorated). Membership year is from October 1st to September 30th
* A copy of your passport is required if applying for Voting Membership.
* Copy of proof of employment with an American company (for yourself or your spouse) is required if applying for Associate Membership.

ABOUT YOU

Please PRINT all information clearly. If RENEWAL fill all new relevant information

*LAST NAME: _____

*FIRST NAME: _____

NATIONALITY: _____

*BIRTHDAY (Month/Day): _____ / _____

MARITAL STATUS: Single Married Separated Widowed Other

*NIGERIAN HOME ADDRESS (As it will be printed in the directory),

*Street: _____

*Area (VI, Ikoyi, Lekki): _____

Check if you DO NOT want your address published in the Directory

If employed, Company Name & Phone _____

ABOUT YOUR SPOUSE

*NAME (Last/First): _____

Nationality: _____

*Spouse's Employer: _____

*ABOUT YOUR CHILDREN (Those living here with you in Lagos)

*Name: _____ Birthyear: _____

*Name: _____ Birthyear: _____

*Name: _____ Birthyear: _____

HOW WE STAY IN TOUCH

*EMAIL ADDRESS: _____

*MOBILE # 1: _____

*MOBILE # 2: _____

HOME PHONE: _____

ABOUT AWC and YOU

Please list any past or present jobs/profession, talents or hobbies that you may like to share with us (i.e. Do you like to sing, enjoy public speaking, play any instruments, enjoy working with the computer, make crafts, etc?)

Are you interested in hearing more about sharing your talents with AWC as part of a committee or the Board? _____

If so, what areas would be of interest to you? (Please check to indicate your interest):

- | | |
|--|--|
| <input type="checkbox"/> Activities | <input type="checkbox"/> Adopt A Marine |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Charities | <input type="checkbox"/> Ways & Means |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Small World | <input type="checkbox"/> Corporate Donations |
| <input type="checkbox"/> Lagos Easy Access | <input type="checkbox"/> General Assistance |

*Where did you live prior to moving to Lagos? _____ Date arrived in Lagos _____

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

Dues Paid _____ Information in Computer _____ Membership Card _____ Directory Addition _____ Email Dist. List _____
Receipt to member _____ Dues to Treasurer _____ Committee Notification _____