



## APPLICATION FOR MEMBERSHIP BY MURNA FOUNDATION

### FULL NAME OF APPLICANT ORGANIZATION AND ACCRONYM (IF APPLICABLE)

<b>Organization's Phone</b>	<b>Organization's Email</b>

### PHYSICAL ADDRESS OF ORGANIZATION/MAILING ADDRESS

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### CONTACT PERSON

<b>NAME</b>		<b>POSITION</b>	
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<b>Telephone</b>		<b>Email</b>	
<b>PHYSICAL ADDRESS OF CONTACT PERSON</b>			

### IN WHAT STATE/LOCAL GOVERNMENT DID YOUR ORGANIZATION REGISTER

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Signed/Position \_\_\_\_\_

Date:

The annual membership fee is **N5000.00**: Please pay via Zenith Bank to: Murna Foundation Account: (cash payment not accepted)  
Kindly tender bank deposit receipt to our accountant and collect Murna Foundation receipt for your payment. Thanks for 'YUC'