

ANNUAL MEMBERSHIP DUE

STUDENTS – N2500

REGULER – N 25000

HONOURARY – N200000



## MEMBERSHIP APPLICATION FORM

TITLE

SURNAME

OTHER NAMES

GENDER : Male  Female   
*Tick as applicable*

DATE OF BIRTH   
mm/dd/yy

OCCUPATION/PROFESSION

PLACE OF EMPLOYMENT

ADDRESS

CITY

COUNTRY

MOBILE PHONE

E-MAIL

In not more than 100words, state the reason(s) for your interest in HOW FOUNDATION

I confirm that the information provided is true and accurate

Submit the form by mail to [info@healthmization.org](mailto:info@healthmization.org)