ENUGU SPORTS CLUB

No. 1 CLUB ROAD P.O. BOX 179 ENUGU NIGERIA
Cell: 08163126666 **E-mail:**info@enugusportsclub.org//**Website:**www.enugusportsclub.org

MEMBERSHIP FORM

GENERAL INFORMATION Please provide all requested information			
Name: Last	First	Middle	Date of Birth
Current Street Address			
City	State	Country	
Telephone (Home)	Telephone (alt.)	E-mail Address	
Office Address			
Home-Town	L.G.A.	State	

MARITAL STATUS		
Single ☐	Married ☐	No. of children if any
Names of Spouse:		
Last Name	First	Middle

Names of Children:	**Date of Birth**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Next of Kin: Last Name	First	Middle
Address	Telephone (Home)	Telephone (Alt.)
Relationship		
Beneficiary: Last Name	First	Middle
Address	Telephone(Home)	Telephone(Alt.)
Relationship		

EDUCATION QUALIFICATION					
High School					
Degree	BSC	MSC	MBA	PH.D	Others

OCCUPATION	
Present Position Held	Last position Held

TYPE OF MEMBERSHIP DESIRED (Tick Appropriate Column)		
Full Member	Country Member	Lady Member

NAMES OF TWO SPONSORS (Both **MUST** be financial members of the Club)		
1.**Name:** Last	First	Middle
2.**Name:** Last	First	Middle

Applicant's Signature: **Date: _____**

CERTIFICATIONS BY SPONSORS:

We certify that Applicant: _____

is a fit and proper person to become a member of the Enugu Sports Club and is capable of discharging his/her financial obligations including payment of the required Entrance Fee and Monthly Subscriptions As Set Out In The Rules And Regulations of The Club.

…….. ……..

Signature of 1st Sponsor **Signature of 2nd Sponsor**

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Name in Full **Name in Full**

Date: …….. **Date:** …….

COMMENTS BY MEMBERS:

OFFICE NOTES	
Admitted/Rejected	Date:
Membership No.	

*Include 2 passport photographs