

APPLICATION FOR MEMBERSHIP

NAME OF ORGANISATION:

ADDRESS:

PRESIDENT’S NAME: EMAIL:

SECRETARY’S NAME: EMAIL:

NAME OF COUNTRY REPRESENTATIVE TO AFCCN:

HOW MANY MEMBERS BELONG TO YOUR ORGANISATION:

NAME AND SIGNATURE OF REPRESENTATIVE:

NB: Please provide a copy of your constitution and send with abov[e information to: ntohdaniel@yahoo.com](mailto:ntohdaniel@yahoo.com)

Tel: +237 683 771 639/+256 772 647 341

[www.africanfccn.org](http://www.africanfccn.org/)