



Togo Union UK

Unity Is Strength
Registered charity N°1113550

MEMBERSHIP APPLICATION FORM

- Mr / Miss / Mrs / Mr& Mrs (Circle as appropriate).
- Family Name: _____
- First Names: (a) Applicant's Name: _____
(b) Name of Spouse (if any): _____
- Date of Birth (day/month/year):
- Address: (Street/Road/Av) _____ (Town) _____
(City) _____ (County) _____ (Postcode) _____
- Email: _____
- Telephone Number: (Home) _____ (Mobile) _____
- I am connected with TOGO:

(a) By Birth ↑	(b) By Descent ↑
(c) By Marriage ↑	(d) By Acquaintance ↑
(e) Name(s) of Acquaintance(s) (if any) _____	

9- Partner/Spouse: (Full name) _____

10. Children

	Name	Age		Name	Age
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

- I agree to abide by the Rules and Regulations of the Union. ↑
- I agree to attend meetings regularly and acquit myself of all financial obligations to the Union.
- I agree to support all activities such as fundraising, outings, dances etc... organised by the Union.
- Next of Kin's name: _____
Email: _____ Mobile phone: _____

Signatures:

Applicant

Chair

General Secretary

Date: