



NIGERIAN FAMILY KULTURFORENING (NFKF) GÖTEBORG SWEDEN

MEMBERSHIP REGISTRATION FORM

Section 1

Full name:

Personal number:.....

Organization / Affiliation / Occupation:

Address:

Tel: Email:

Section 2

Select which best fits you / your organization

- Already a member
- New member
- Partnership as an organization
- Partnership as a company

Section 3

Membership fee: **200 SEK**

Pay to NFKF (SEB account 50481003703) or bankgiro 5235-1046, Write your full name as reference.

Signature: _____

Area/Date: _____