

IGBO CONTACT FORUM (I.C.F) e.V.  
MUNICH - GERMANY



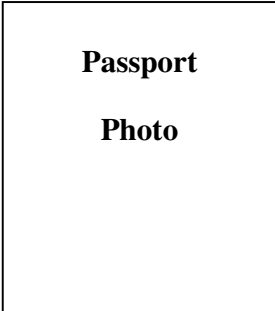
**REGISTRATION AND APPLICATION FORM**

**A: PERSONAL DETAILS**

TITLE:.....

SURNAME:.....

OTHER NAMES:.....



**RESIDENTIAL ADDRESS (In Germany)**

.....  
.....  
.....

**POSTAL ADDRESS (In Germany-if different from Residential Address)**

.....  
.....  
.....

HOUSE TELEPHONE:.....

**FAX:**.....

**MOBILE TELEPHONE:**.....

**EMAIL ADDRESS:**.....

**MARITAL STATUS:**.....

**NATIONALITY:**.....

**DATE OF BIRTH:**.....

**PLACE OF BIRTH:**.....

**B: CONTACT (In case of Accident / Emergency)**

**(i) IN GERMANY**

**NAME:**.....

**ADDRESS:**.....

.....

.....

**TELEPHONE:**.....

**FAX:**.....

**(ii) OUTSIDE GERMANY**

**NAME:**.....

**ADDRESS:**.....

.....

.....

**TELEPHONE:**.....

**FAX:**.....

I,.....,  
do hereby state that the information given above are true. The Igbo Contact Forum (I.C.F)  
e.V. Munich - Germany, or any of its functionaries, shall not be held responsible for any  
false or wrong information stated by me above.

SIGNATURE:..... DATE:.....

### ***C: SPONSORS***

*(must be members of Igbo Contact Forum (I.C.F) e.V. Munich – Germany)*

**1.**

NAME:.....

SIGNATURE:.....

DATE:.....

**2.**

NAME:.....

SIGNATURE:.....

DATE:.....

**D: SPECIAL DECLARATION**

(Please, select either a or b)

a.

I,.....,  
wish to declare that if I die as a financial member, I will like Igbo Contact Forum (I.C.F)  
e.V. Munich – Germany, to send my corpse to

.....  
(Country, outside Germany)

b.

I,.....,  
wish to declare that if I die as a financial member, I will like Igbo Contact Forum (I.C.F)  
e.V. Munich – Germany, to send my corpse to

.....  
(Town, in Germany)

**I understand that this will be done according to the provisions as  
contained in the constitution of Igbo Contact Forum (I.C.F) e.V.  
Munich – Germany.**

DATE:.....

SIGNATURE:.....

**E: TO WHOM IT MAY CONCERN**

1. I,....., with the above given information, wish to apply for the membership of Igbo Contact Forum (I.C.F) e.V., Munich – Germany.

2. I have read the constitution of the union very well and, hereby agree and pledge to abide by the stipulations.

3. I agree that the Board of the union have the sole right to accept or reject my application for membership; and, therefore, pledge to accept their decision on this issue.

4. I agree that, if accepted as a member, the date of entry will be the date stated below, and that I will receive a letter from the Board of the union informing me of the acceptance or rejection of my application for membership.

NAME:.....

DATE:.....

SIGNATURE:.....