



TITLE Prof  Dr  Ms  Mr

FIRST NAME .....

LAST NAME .....

EMAIL .....

PHONE .....

WORK ADDRESS .....

PROFESSION .....

AREAS OF EXPERTISE .....

ORGANISATION .....

NATIONALITY .....



Why do you want to join the EENN?

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Membership Type:

	2018 onwards
Standard	(N\$250.00/year)
Student (kindly attach proof of registration)	(N\$125.00/year,)

I,.....,hereby request to join the EENN as a member.

Date.....

Signature.....