



INDIVIDUAL MEMBERSHIP APPLICATION FORM

ELAN SECRETARIAT

25B, Fola Jinadu Crescent, Gbagada Phase 1,
Lagos, Nigeria

Tel: +234-802-317-6691; 0803-541-5478

Website: www.elannigeria.org

E-mail: info@elannigeria.org

Section 1: Membership Details

Full

Name: _____

Salutation: _____

Date of Birth: _____ Nationality: _____

Residential
Address: _____

Correspondence
Address: _____

City: _____
State: _____

Telephone
No: _____

E-mail: _____

Section 2: Academics Qualifications

Please attach photocopies of relevant certificate of Schools, College, Polytechnic, and / or Universities attended

Name of Institute: Period of Attendance: Qualification(s) Obtained with Dates

Professional
Qualifications: _____

Section 3: Employment History

Organisation: _____
Designation: _____
From (Year): _____ To (Year): _____
Employer: _____
Address: _____
Nature of Business: _____
Position: _____ Area of Specialisation: _____
Date of Present Appointment: _____

Section 5: Additional Information

Name of Sponsor: _____
Position of Sponsor: _____
Official Address of Sponsor _____

SIGNATURE & DATE

Name of Head of Department: _____
Address: _____

SIGNATURE & DATE

DECLARATION

I _____ declare that the statements made herein are correct to the best of my knowledge and belief, and agree to be governed by the Articles of Association and by any Bye-Law or regulations of the Equipment Leasing Association of Nigeria as they now exist and as may hereafter be enacted.

SIGNATURE & DATE