



ASSOCIATE MEMBERSHIP APPLICATION FORM

ELAN SECRETARIAT

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

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E-mail: info@elannigeria.org elan_nigeria@yahoo.com

Section 1: Membership Details

1. Name of Company: _____
2. Address: _____
3. City: _____
4. State : _____
5. Telephone _____
6. E-mail: _____

Section 2: Organisation's Information

7. Name of Principal Officers: _____
8. Name of Official Representative: _____
9. Nature of Business: _____

10. List Affiliated Corporations or Business Enterprises: _____

11. What benefits would you derive from membership of ELAN?: _____

12. What valuable contributions would you make as a member of the Equipment Leasing Association of Nigeria?: _____

Section 3: Applicant's Information

Name of Applicant: _____

Position: _____

Date: _____ Signature: _____

Membership Applications are subject to review by the executive body and members of Equipment Leasing Association of Nigeria. The association considers submission of a Membership Application an indicator of an applicant's willingness to abide by the Associations 'Code of Practice stated here, also find here, the Rules and Regulations of ELAN members.