

Unity Is Strength Registered charity N°1113550

MEMBERSHIP APPLICATION FORM

١.	Mr / Miss / Mrs / Mrs (Circle as appropriate).								
2.	Family Name:								
3.	First Names: (a) Applicant's Name:								
	(b) Name of Spouse (if any):								
4.	Date of Birth (day/month/year):								
5.	Address: (Street/Road/Av)						(Town)	(Town)	
	(City)			(County)			(Postcode)		
6.	Email:								
7.	Telephone Nu			(Mobile)					
8.	Email:			Mobile phone:					
9.	I am connected with TOGO: (a) By Birth † (c) By Marriage † (e) Name(s) of Acquaintance				(b) By Descent † (d) By Acquaintance † (s) (if any)				
10. 11.	Partner/Spou Children	se: (Full name)	:						
	Name			Age		Naı	me	Age	
2					6 7				
3					8				
4					9				
5					10				
12.	I agree to abide by the Rules and Regulations of the Union.								
13.	l agree to att	end meetings r	egularly and	d acqui	t myse	elf of	all financial obligations to the	Union.	
14.	l agree to sup	port all activit	ies such as fu	undraisi	ing, ou	ıtings	, dances etc organised by t	he Union.	
1 <i>5</i> .	Next of Kin's	name:							
		NOTE: Applica	•		•	•	o Togo Union UK or Bank Transfer .: 51434322)		
<u>Signa</u>	Signatures: Applicant			Cha	ir		General Secreta	General Secretary	
Date:	00 00	0000	IMPORTAI	NT: Sen	ıd Apr	olicat	ion Form and cheque to addre	ess below	