



xiii. **Instructions:AttachedDocumentsCopies.**

- a. Dulyself attestedtwo passportsizphotographswithsignatureontheback.
- b. Address:DrivingLicense,ElectricityBill,Voter'scard,WaterBill.
- c. NIN,National IDCard, Internationalpassportanyone,

xiv. Membership No.

- a. Tenureofmembership: \_\_\_\_\_  
 Any donation/contributionincash/kind
- b. MembershipFeeDetails(classcategory)
  - i. Executivemembership: \$.
  - ii. Ordinary membership:\$.
  - iii. Volunteer membership:\$.
  - iv. Payment made to IHRO AFRICA is not Refundable.
- c. Hasthecandidatepreviouslybeen thememberofIHROAfrica?Yes  No
- d. Isthecandidateamemberofany othertonon-profitorganization?Yes  No

PreferencesoftheCandidateforthekindofworkhe/shewouldliketogetinvolved inIHROAfrica.

- i.
- ii.

**Declaration**

I, \_\_\_\_\_ wish to become a member of International Human Rights Observatory Africa (IHRO), I understand that the process requires only application to be approved by the board of members of IHRO Africa.

**AND**

I hereby solemnly affirm and declare that the particulars mentioned by me here in above are true and correct to the best of my knowledge and belief and nothing has been concealed or suppressed thereof. If anything found incorrect at any state, my membership may be terminated. I honestly declare that I will not involve myself directly or indirectly in act which will be against the prestige Nigeriapolity, I will abide by the rules and regulations and by laws of IHRO African force from time to time.

I support the universal declaration of Human Rights dated 10<sup>th</sup> December, 1948 and all other charters, covenants and protocols of the United Nations Organization on Human Rights.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of candidate \_\_\_\_\_

**Witness of the membership**

**Tobefilledbywitness:**

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Profession: \_\_\_\_\_

I, Mr./Mrs./Miss: \_\_\_\_\_  
know the applicant personally for a period of \_\_\_\_\_ months and confirm that to the best of my knowledge, he/she is suitable for the membership.

Place: \_\_\_\_\_ Signature of witness: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

**Verification by National/Regional Office of IHRO Africa.**

This is to confirm that the information given by the candidate in the application has been checked for the validity and that the documents enclosed have been verified. The candidate is found suitable for the membership of IHRO Africa.

Signature of the: \_\_\_\_\_ (designation) \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

For Office use only (Head Office of IHRO Africa)

The candidate is found eligible for the membership of IHRO Africa and is nominated as the \_\_\_\_\_

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of place \_\_\_\_\_

The candidate's application has been rejected.

Membership No. Allotted: \_\_\_\_\_

Signature Secretary  
General (IHRO Africa).

