

MEMBERSHIP APPLICATION FORM



Photograph

INSTRUCTIONS: Please fill out all required fields accurately. Ensure all information is complete before submission. Submit completed form to: screening.jabifriendsclub@gmail.com. For inquiries, contact: +234 806 098 3636 jabifriendsclub@gmail.com.

1. PERSONAL INFORMATION

Full Name (Capitals, Surname First)	NWOGBO CHINEDU LAWRENCE
Title	MEMBERSHIP FORM
Date of Birth	02/02/1972
Gender	MALE
Postal Address	NO 20 SAM NUJOMA HOUSING ESTATE, GALADIMAWA, ABUJA.
State of Origin	ANAMBRA
LGA	AWKA SOUTH
Phone Number	08033706644
Email Address	chinedunwogbo@yahoo.com

2. BACKGROUND INFORMATION

Academic Qualification(s)	I have primary, secondary and university certification
Occupation/ Business	BUSINESSMAN/REAL ESTATE SURVEYOR
Marital status	MARRIED
Next of Kin	MRS. NWOGBO NNEKA
No of Children	FOUR (4)

3. INTERESTS AND GOALS

Why do you want to join the Jabi Friends Club? Briefly explain your interest in the Club and what you hope to contribute or gain from membership.	I AM INTERESTED IN JOINING THE JABI FRIENDS CLUB BECAUSE IT SEEMS TO BE A CONDUCIVE ENVIRONMENT TO HANG OUT WITH FRIENDS ESPECIALLY AFTER A GOOD WORKOUT. I ALSO HOPE TO GAIN A GOOD NETWORKING EXPERIENCE WHILE BEING A MEMBER OF THE CLUB.
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4. ADDITIONAL INFORMATION

How did you hear about the Jabi Friends Club?	A FRIEND
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5. REFEREE INFORMATION

Please provide details of two referees who can vouch for your character or suitability for membership

REFEREE 1

Full Name	NWOGBO NNEKA JULIET
Contact Address	NO 20 SAM NUJOMA HOUSING ESTATE, GALADIMAWA
Phone Number	08034533076
Email Address	ekaliet@yahoo.com
Relationship with Applicant	WIFE
How long has he known you?	OVER 20 YEARS

REFEREE 2

Full Name	NWOGBO KODINNA ANNABEL
Contact Address	NO 20 SAM NUJOMA HOUSING ESTATE, GALADIMAWA, ABUJA
Phone Number	09019678412
Email Address	nwogbokodinna@gmail.com
Relationship with Applicant	DAUGHTER
How long has he known you?	SINCE I WAS BORN

6. TERMS AND CONDITIONS

<p>i. I agree to abide by the rules and regulations of the Jabi Friends Club.</p> <p>ii. I confirm that the information provided is accurate to the best of my knowledge.</p> <p>iii. I understand that membership approval is subject to review by the club's screening committee.</p>	<p>Applicant's Signature: Chungu</p> <p>Date: 11/09/2025</p>
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7. FOR USE BY SCREENING COMMITTEE

Application Received Date	
Membership Status	<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied
Membership Number (If approved)	
Notes	

Chairman

Secretary