

# STANDARD HIGH SCHOOL IGORORA OLD STUDENTS ASSOCIATION (SHOSA)

## REGISTRATION FORM

FIRST NAME: ..... LAST NAME: .....

REGISTRATION NO. .... PLACE OF RESIDENCE:.....

MOBILE NO: ..... PLACE OF WORK: .....

EMAIL ADDRESS: .....

HOME ADDRESS .....

REGISTER AS:    ☐ ORDINARY MEMBER                      ☐ ASSOCIATE MEMBER

NIN..... REGISTRATION DATE.....

NEXT OF KIN: NAME: ..... PHONE NO. ....

RELATIONSHIP WITH NEXT OF KIN .....

SPOUSE .....

PARENTS : MOTHER ..... FATHER.....

BIOLOGICAL CHILDREN IF ANY

S/N	Names

I the undersigned confirm that all the above filled up information provided by me is true and correct. In the event such information shall change, I undertake to immediately inform SHOSA and provide any documentation or other evidence pursuant to such change. Every person signing this document and/or actually registering for any of the above shall personally be liable for all changes.

**Signature:** ..... **Date:** .....