EAST AFRICA WOMEN’S LEAGUE

APPLICATION FORM FOR NEW MEMBER

………………………………………………..………….Branch Date ……………………….…………………………

(CAPITAL LETTERS) I, ………………………………………………………………………………………………………………….…....

wish to become a member of the East Africa Women’s League and agree to accept and abide by the Constitution of the League

Signed ………………………………………………………….. Postal Address …………………………………………….

Your Blood Group …………………………………………. ……………………………………………….…………………………

Telephone No ……………………………………………….. Email ……………………………………..……………………….

Mobile No ……………………………………………….…….. Date of Birth ……………………………………………….

Husband/Partner …………………………………………. Blood Group ………………………………………………….

PROPOSER …………………………………………….……… SECONDER …………………..………………………………

 (CAPITAL LETTERS) (CAPITAL LETTERS)

Signed …………………………………………………………. Signed …………………………………………………………..

ENDORSED BY BRANCH CHAIRMAN .............................................................................................

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ENDORSED BY BRANCH CHAIRMAN ……………………………………………………………………………………………