

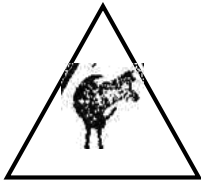
Dear Sir/Ma,

REQUIREMENTS FOR BECOMING A MEMBER OF ANIMAL SCIENCE ASSOCIATION OF NIGERIA (ASAN)

- Must possess a **First Degree Certificate** in any of the Animal science discipline.
- Obtain membership form through our website on (www.animalscienceassociation.org.ng) → download form); fill appropriately and attach all the underlisted documents to the form
- **A copy of your First Degree Certificate** (include your transcript if you obtained a B. Agric. certificate or have a foreign degree certificate)
- **Payment of ₦25, 000 for Membership Processing Fee and Annual Due** which is to be paid into the Association's bank account as indicated on the attached Membership Form.
- **One (1) recent passport photographs.**
- **Marriage Certificate or Change of Name Certificate (as applicable).**
- **Submit to the Association** (through surface post or electronic mail) with the postal address and e-mail addresses shown on the form below.

For further enquiry, please call 08062124623

Thank you



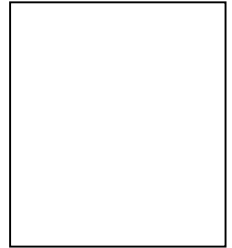
ANIMAL SCIENCE ASSOCIATION OF NIGERIA

2nd Floor African Church Building, Along College Road, Opposite Model College, Ogba, Lagos.



: +234-806-212-4623, +234-812-879-9912, +234-803-721-7975.

Email: animalscienceassociation@yahoo.com, admin@animalscienceassociation.org.ng.



MEMBERSHIP APPLICATION FORM

Please return application form with a copy of GTB Bank teller OR receipt of payment from the Financial Secretary after a non-refundable amount of money must have been paid into the Association's account no: 0009669667 domicile at Ogba branch of the bank.

1. NAME: (Surname first) Mr/Mrs/Ms/Prof./Dr/Others

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2. RESIDENTIAL ADDRESS :(Not P.O Box)

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3. MAILING ADDRESS (Please include e-mail address & GSM No):

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4. NATIONALITY:

5. ACADEMIC RECORDS (Attach credentials)

<u>DEGREE</u>	<u>SPECIALIZATION</u>	<u>YEAR OF GRADUATION</u>	<u>INSTITUTION</u>
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- a.
- b.
- c.

6. PUBLICATIONS (Attach Separate list)

7. PLACE OF WORK: (Employment, business and Designation)

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8. REFEREES

a.	b.

DECLARATION

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

.....
SIGNATURE

.....
DATE

***FOR OFFICE USE ONLY**

Eligibility confirmed by

Membership Approved/ Not Approved.....