



**LAGOS
COUNTRY
CLUB**

MEMBERSHIP RECORDS

Membership No.: _____

NAME (BLOCK CAPITAL) _____

DATE OF BIRTH: _____ TEL. NO.: _____

RESIDENTIAL ADDRESS: _____

OCCUPATION: _____ E-MAIL: _____

NAME OF EMPLOYER/BUSINESS: _____

POSITION: _____

ADDRESS: (1) STREET: _____

(2) P. O. BOX _____

NAME OF SPOUSE: _____ TEL. NO.: _____

BENEFICIARY TO WELFARE SCHEME:

	NAMES OF CHILDREN	DATE OF BIRTH	SEX
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____
(6) _____	_____	_____	_____
_____	_____	_____	_____

Passport of Individual member

Passport of Spouse

SIGNATURE: _____

REMARKS

MEMBERSHIP SECRETARY

