PROFFER AID
INTERNATIONAL FOUNDATION

Racing to save lives

MEMBERSHIP APPLICATION FORM

Name: _____

Date of birth: _____

E-mail:_____   Telephone no.: _____

Address: _____

ID/ passport N0 _____

Level of education Attained: [ ] University [ ] Senior High [ ] Primary school [ ] Vocational or technical training

Current Occupation: _____

If student

Institution_____

Course   _____

Level   _____

Interests and Skills:

_____

_____

Volunteer / Work Experience:

Organization	From	To	Description of Work

How did you hear about PAIF?

_____

_____

What interests you in being a member with the foundation?

_____

_____

In what ways can help the foundation create wealth?

_____

_____

In what ways can you help the foundation with projects?

_____

_____

Please indicate days available: ☐ Mon ☐Tues ☐ Wed ☐Thurs ☐Fri ☐Flexible

Times available: From _____ to _____

REFERENCES:

1. _____
   (Name)   (Phone)

2. _____
   (Name)   (Phone)

Signature: _____   Date: _____