



NIGERIAN STATISTICAL ASSOCIATION

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MEMBERSHIP FORM

PASSPORT
PHOTO

PERSONAL INFORMATION

TITLE _____ SURNAME _____ FIRST NAME _____

MAIDEN NAME _____ DATE OF BIRTH _____

JOB TITLE _____

AREA OF INTEREST _____

SPECIALITY _____

ORGANISATION/COMPANY _____

DEPARTMENT _____

RESIDENTIAL ADDRESS _____

TOWN _____ STATE _____ COUNTRY _____

BUSINESS ADDRESS _____

TOWN _____ STATE _____ COUNTRY _____

TELEPHONE _____

MOBILE _____

OFFICE _____

HOME _____

E-MAIL _____

FAX _____