

AFPREA



African Peace Research and Educational Association (www.afprea.com)

INDIVIDUAL MEMBERSHIP APPLICATION / RENEWAL FORM

Membership Type: NEW: RENEWAL: → Membership number:

Personal information

First name and Surname:

Gender:

Job Description:

Institutional Affiliation:

Country of Residence:

RESIDENTIAL ADDRESS:

Town:

Post code or ZIP code:

Country:

Phone:

Email:

WORKING ADDRESS:

Town:

Post code or ZIP code:

Country:

Phone:

Email:

I apply my membership into African Peace Research and Educational Association, I hereby acknowledge by signing this form that the information provided above is true. I hereby email completed and signed application form as signed copy to ndaluwasike2006@yahoo.com or charleswasike@afprea.com

Signature: _____ Date: _____.