ULOUK MEMBERSHIP APPLICATION FORM

For Organisation Member



Membership N°: to be filled by ULOUK		
Name of Organisation:		
Address:		
	Tele	
Contact Person:	Positio	n:
INFORMATION on the nature	of the organization, activities, and	d products:
	5 for ULOUK Membership Appli	cation; and agree to the annual
	al Secretary, ULOUK, 15 St Giles S nail: secretary.general@ulouk.org	•
All Cheques must be made pa	ayable to 'Union of Liberian Orga	nisations in the United Kingdom'
	BACS Payment:	
	Liberian Organisations in the Unit Code: 20-46-76 Account N°: 83	_
	form I confirm that I am over the serve and abide by the Constitution	e age of 18 years, and that I have n of ULOUK.
Print Name:	Sign:	Date:
Position held in Organisation (if applicable):	