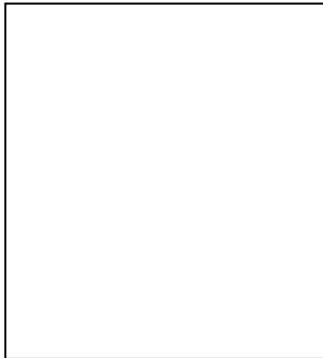




RHESUS SOLUTION INITIATIVE

MEMBERSHIP FORM



Surname:First Name:

Contact Address:

Telephone No:

Email Address:State of Origin:

Occupation:

Office Address:

Age (a) 18-30 (b) 30-40 (c) 40 and above (Tick as appropriate).

Language Proficiency (a) English (b) Yoruba (c) Igbo (d) Hausa

EDUCATIONAL BACKGROUND

Primary:

Secondary:

Tertiary:

Others:

What is your blood group? (Tick as appropriate) A B AB O

What is your Rhesus factor? (Tick as appropriate) Negative Positive

What can you contribute? 1. Time. 2. Money. 3. Blood.

If money, how much can you contribute in a month.....

If time, how often will you be available? (a) Always (b) Once in a while (c) Whenever called upon (d) Others.

Have you ever worked as a volunteer? Yes No

If Yes, what organisation?

How to Submit Membership Form

Send filled membership form to info@rhesussolution.com

OR

Bring to our Lagos Office: Suite 6B, Unique Shopping Mall, opposite Muiz Banire road, off Oba Akinjobi Way, Ikeja
GRA, Lagos.