

FourByFour Initiative Foundation

Membership Application Form	
Date:	
Sectio	n 1: Personal Information
1.	Full Name:
	Date of Birth:
3.	Gender: □ Male □ Female
4.	Nationality:
	Address:
	o Street:
	o City:
	o State/Province:
	o ZIP/Postal Code:
6.	Phone Number:
7.	Email Address:
Sectio	n 2: Membership Details
1.	Membership Type:
	☐ Regular Member
	☐ Associate Member
	☐ Lifetime Member
2.	Skills/Expertise (if applicable):
3.	Reason for Joining:
Sectio	n 3: Emergency Contact
1	Name:
2.	Relationship:
	Phone Number:



Section 4: Payment Details

1. Annual Membership Fee Paid: \square Yes \square No

o Amount: Adult Member (N\$1200); Others (N\$600) School-Going (N\$250).
 Payment Method: □ Cash □ Bank Transfer □ Online Payment
2. Transaction Reference (if applicable):
Section 5: Membership Incentives
 Membership certificate and badge; networking opportunities i.e. invitation to exclusive members-only events; discounts & priority access i.e. discounts on trainings, workshops, volunteering opportunities; exclusive opportunities for training of members; mentorship by industry which organization partner with; Exclusive Merchandise: Annual gifts such as t-shirts, or mugs showcasing the organizations brand and values.
Section 6: Declaration
I, the undersigned, hereby apply for membership in 4x4 Initiative Foundation . I agree to abide by its rules, regulations, and objectives.
Signature:
Date:
For Office Use Only
Application Received By:
Membership ID:
 Approval Status: □ Approved □ Pending □ Rejected Date of Approval:

Instructions for Submission

- Please submit the completed form via email to elizabethcloete65@gmail.com or contact @+264818390536, or drop it off at 4x4 Initiative Foundation office.
- Attach a copy of your valid ID and proof of payment (if applicable).