



AFRICAN SMART CITIES INNOVATION FOUNDATION (ASCIF)

INTERNATIONAL-HEADQUARTERS

Plot 308, Ahmadu Bello Way, Opp. NAF Conference Centre, Jahi District, Abuja- Nigeria.

T: +234 907 552 3333, www.ascif.org secretariat@ascif.org

BENEFITS OF MEMBERSHIP

- 1. NETWORKING OPPORTUNITIES WITH OTHER MEMBERS AND PROFESSIONALS IN THE SAME FIELD OR INDUSTRY**
- 2. PROFESSIONAL DEVELOPMENT AND EDUCATION THROUGH EVENTS, WORKSHOPS, WEBINARS, AND PUBLICATIONS**
- 3. RECOGNITION AND AWARDS FOR ACHIEVEMENTS AND CONTRIBUTIONS TO THE ORGANIZATION OR THE PROFESSION**
- 4. DISCOUNTS AND COUPONS FOR PRODUCTS AND SERVICES RELATED TO THE ORGANIZATION OR THE PROFESSION**
- 5. PROFILE AND EXPOSURE ON THE ORGANIZATION'S WEBSITE, NEWSLETTER, OR SOCIAL MEDIA**
- 6. PROFESSIONAL DEVELOPMENT AND EDUCATION THROUGH EVENTS, WORKSHOPS, WEBINARS, AND PUBLICATIONS**
- 7. PROFILE AND EXPOSURE ON THE ORGANIZATION'S WEBSITE, NEWSLETTER, OR SOCIAL MEDIA**



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WORLDWIDE MEMBERSHIP FORM

Date of Registration

Membership Class A : <input type="checkbox"/>	Membership Class B : <input type="checkbox"/>	Membership Class C : <input type="checkbox"/>
COUNTRY/ GOVERNMENT ORGANISATIONS/ AGENCY/ COMPANY/ PRIVATE BUSINESS	NON-GOVERNMENTAL ORGANIZATION/ RELIGIOUS ORGANISATION/ PRIVATE INDIVIDUALS	JOURNALIST/ REPORTERS/ MEDIA ORGANISATION

Full Name :

E-Mail :

Contact Address :

Country of Registration/Birth :

Contact Phone :

MEMBERSHIP IDENTIFICATION FORMAT

(please tick and attach a coloured photocopy of the document)

INTERNATIONAL PASSPORT DRIVER'S LICENCE STATE OF ORIGIN CERTIFICATE VOTERS CARD
 NATIONAL IDENTITY CARD COMPANY IDENTITY CARD BANKING BVN OTHERS
 COMPANY CERTIFICATE OF REGISTRATION NO.

MEMBER MEDICAL DETAILS *(Please indicate if you have any medical conditions we should be aware of, E.g. asthma... E.T.C)*

Emergency Contact :

Full Name:

Postcode

Phone Number

SWORN AFFIDAVITS OF MEMBERSHIP

I _____ declare that every information provided in this registration document is the truth and nothing but the truth, if the AFRICA SMART CITIES INNOVATION FOUNDATION (ASCIF) discover any form of dishonest information on this document. The Organization should enact the due punishment according to the constitution.

Sign/Date_____

OFFICIAL USE ONLY

REMARKS: _____

Sign_____ Date_____

APPROVAL/AUTHORISED SIGNATORY (ASCIF)

SEAL/STAMP DATE