



**ADWEF WIDOWS MEMBERSHIP FORM**

**DATE / YEAR OF MEMBERSHIP REG:** .....

**NAME:** .....

**ADDRESS:** .....

.....**TEL:** .....

**STATE OF ORIGIN..... LGA.....**

**DATE OF BIRTH: .....SEX.....DESCRIBE YOUR PRESENT BUSINESS**

.....

**DESCRIBE YOUR CURRENT BUSINESS CHALLENGES.....**

.....

**ANY LEGAL CHALLENGES? IF YES EXPLAIN .....**

.....

.....

**ARE YOU INTERESTED IN LEARNING A SKILL OF YOUR CHOICE? (OPTIONAL) PLS**

**SPECIFY THE SKILL.....**

**NEXT OF KIN: .....**

**RELATIONSHIP: ..... OCCUPATION: .....**

**TEL: .....**

**ADDRESS: .....**

.....

**When did you lose your Husband? .....**

**He's Profession .....**

**Name/s of CHILD/CHILDREN AND Date of birth: .....**

.....

.....

**DO YOU PLAN TO REMARRY? .....**

**How did you get to know about the Foundation?**

- Friend
- Newspaper
- Television
- Radio
- Other (Specify) -----

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**ATTACHED A PASSPORT PHOTOGRAPH, FAMILY POTRAITE SHOWING YOUR LATE HUSBAND, MARRIAGE CERT, VIDEO OR ANY OTHER FORM OF PROOF, SCAN ALL DOCUMENTS INTO A FOLDER AND SEND TO THE EMAIL ADDRESSES BELOW:**

[info@advocacyforwidows.org.ng](mailto:info@advocacyforwidows.org.ng), [adwef4widows@gmail.com](mailto:adwef4widows@gmail.com)

08182786623, 08105764774

[www.advocacyforwidows.org.ng](http://www.advocacyforwidows.org.ng)