GAFCONL MEMBERSHIP REGISTRATION FORM
Complete this form and return to our office or upload online

Reference Number: REG-20261101-FA4DFB | Date: November 1, 2026

INSTRUCTIONS:

1. Fill out all fields completely
2. Attach required documents (ID, photo, signature)
3. Return this form to our office or scan and upload online
4. Keep your reference number for tracking

STEP 1: PERSONAL INFORMATION

Title *: [ ] Mr [ ] Mrs [ ] Ms [ ] Dr [ ] Chief [ ] Prof [ ] Engr [ ] Barr [ ] Alhaji [ ] Pastor [ ] Rev

Surname *: _____

First Name *: _____

Other Name: _____

Gender *: [ ] Male [ ] Female

Marital Status *: [ ] Single [ ] Married [ ] Divorced [ ] Widowed [ ] Separated

Date of Birth *: _____

STEP 2: CONTACT INFORMATION

Email Address *: _____

Contact Number *: Country Code: [ ] +234 [ ] +1 [ ] +44 [ ] +233

Number: _____

WhatsApp Number: Country Code: [ ] +234 [ ] +1 [ ] +44 [ ] +233

Number: _____

STEP 3: RESIDENTIAL DETAILS

Country *: [ ] Nigeria [ ] United States [ ] United Kingdom [ ] Ghana

State/District *: _____

LGA *: _____

City/Town *: _____

Nearest Bus Stop *: _____

Street Name *: _____

House No *: _____

STEP 4: BUSINESS DETAILS

Name of Business: _____

Business Address: _____

_____

Nature of Business: _____

Sub Sector: _____

Chapter (State) *: _____

Zone/LGA/Region: _____

STEP 5: IDENTITY & MEMBERSHIP

Identity Type *: [ ] Passport [ ] Voter's Card [ ] Driver's License [ ] NIN

[ ] National ID [ ] International Passport

ID Number *: _____

Date of Issue *: _____

Registration Status *: [ ] Director (?1,000,000) [ ] Membership (?12,000)

Membership Type *: [ ] Membership Registration (?12,000) [ ] Renewal (?12,000)

Payment Type *: [ ] Online Payment

STEP 6: DOCUMENTS & SECURITY

Profile Photo: [ ] Attached

Photo should be: Clear, recent, 2x2 inches, good quality

Identity Card: [ ] Attached

Signature: [ ] Attached

Account Name: _____

Account Number: _____

Bank Name: _____

Password *: _____

(Strong password: 8+ chars, letters, numbers, special chars)

Confirm Password *: _____

DECLARATION

[ ] I declare that all information provided is true and accurate to the best of my knowledge

[ ] I agree to the terms and conditions of GAFCONL membership

REQUIRED DOCUMENTS

Please attach the following documents:
• Valid government-issued ID (Passport, Driver's License, National ID, NIN, Voter's Card)
• Recent passport photograph (2x2 inches)
• Signature image
• Proof of address (Utility bill, Bank statement)
• Business registration documents (if applicable)

SUBMISSION

Reference Number: **REG-20261101-FA4DFB**

Submission Date: _____

Staff Signature: _____