

# GAFCONL MEMBERSHIP REGISTRATION FORM

Complete this form and return to our office or upload online

Reference Number: REG-20260201-5525F7 | Date: February 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 \*: \_\_\_\_\_

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### 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 \*: \_\_\_\_\_

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### 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-20260201-5525F7**

Submission Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_