

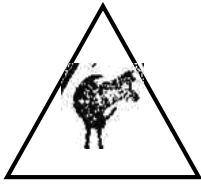
Dear Sir/Ma,

**REQUIREMENTS FOR BECOMING A MEMBER OF ANIMAL SCIENCE  
ASSOCIATION OF NIGERIA (ASAN)**

- Must possess a **First Degree Certificate** in any of the Animal science discipline.
- Obtain membership form through our website on ([www.asan.org.ng](http://www.asan.org.ng)) → down load form); fill appropriately and attach all the underlisted documents to the form
- **A copy of your First Degree Certificate** (include your transcript if you obtained a B. Agric. certificate or have a foreign degree certificate)
- **Payment teller of =N=37, 500 for Membership Application Processing Fee (=N=15,000) and Annual Due (=N=22,500)** which is to be paid into the Association's bank account as indicated on the attached Membership Form.
- **One (1) recent passport photographs.**
- **Marriage Certificate or Change of Name Certificate (as applicable).**
- **Submit to the Association** (through surface post or electronic mail) with the postal address and e-mail addresses shown on the form below.

For further enquiry, please call 08062124623

Thank you



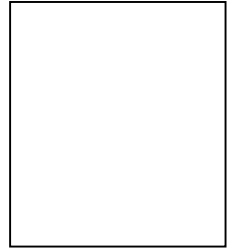
# ANIMAL SCIENCE ASSOCIATION OF NIGERIA

2<sup>nd</sup> Floor African Church Building, Along College Road, Opposite Model College, Ogba, Lagos.



: +234-806-212-4623, +234-703-923-9677, +234-803-721-7975.

Email: [animalscienceassociation@yahoo.com](mailto:animalscienceassociation@yahoo.com), [admin@animalscienceassociation.org.ng](mailto:admin@animalscienceassociation.org.ng).



## MEMBERSHIP APPLICATION FORM

Please return application form with a copy of GTB Bank teller OR receipt of payment from the Financial Secretary after a non-refundable amount of money must have been paid into the Association's account no: 0009669667 domicile at Ogba branch of the bank.

1. NAME: (Surname first) Mr/Mrs/Ms/Prof./Dr/Others

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.....

2. RESIDENTIAL ADDRESS :( Not P.O Box)

.....  
.....

3. MAILING ADDRESS (Please include e-mail address & GSM No):

.....  
.....

4. NATIONALITY: .....

5. ACADEMIC RECORDS (Attach credentials)

| <u>DEGREE</u> | <u>SPECIALIZATION</u> | <u>YEAR OF GRADUATION</u> | <u>INSTITUTION</u> |
|---------------|-----------------------|---------------------------|--------------------|
|---------------|-----------------------|---------------------------|--------------------|

- a.
- b.
- c.

6. PUBLICATIONS (Attach Separate list)

7. PLACE OF WORK: (Employment, business and Designation)

.....  
.....

8. REFEREES

|    |       |    |       |
|----|-------|----|-------|
| a. | ..... | b. | ..... |
|    | ..... |    | ..... |
|    | ..... |    | ..... |

### DECLARATION

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

.....  
SIGNATURE

.....  
DATE

### **\*FOR OFFICE USE ONLY**

Eligibility confirmed by .....

Membership Approved/ Not Approved.....