Motto: Unity, Love, & Service

PEOPLES CLUB OF NIGERIA INTERNATIONAL

GALVESTON BRANCH APPLICATION FORM

1. Preferred (Circle) Mr., Mrs., Miss, Esq., Dr., Chief, Nze, Lolo or _____

2. NAME: _____

3. DOB (M, D & Y): _____/_____/_____

4. Salutation(s)/Title(s): _____

** Documents may be requested for verification of Salutation(s)/title(s). **

5. Street Address: _____

6. Township (City): _____ State: _____ Zip: _____

7. Home Phone #: _____ Cell Phone #: _____

Fax #: _____ E-mail Address: _____

8. Mailing Address:_____
(If different from Home Address)

9. College/University Attended: _____ Year of

Graduation _____

10. Town _____ State: _____ Degree: _____ Major _____

11. Employer _____

12. Address _____

13. Work Phone _____ Fax: _____ E-mail _____

14. Occupation _____ Title _____

15. Town, LGA and State in Nigeria: _____

16. Marital Status: _____ Married _____ Single _____ Separated _____ Widowed

17. Spouse Name (if any): _____DOB (M, D & Y): _____/_____/_____

18. Spouse's Occupation(s): _____

19. Number of Children: _____ Male: _____ Female: _____

20. Next of Kin: _____ Phone: _____

Relationship: _____

Address: _____

21. Have you ever applied for membership to any other branch of The Peoples Club of Nigeria International? _____ Yes _____ No

If you answer, "YES", which branch? _____

Location: _____ Year: _____

Reason for Change/Transfer _____

_____

22. Have you ever been convicted of any crime in the past 10 years? _____

If "Yes", where and what was the nature of the crime?

_____

23. In what other Clubs or Associations are you and/or your spouse member(s)?

_____

_____

24. Why do you want to join The Peoples Club of Nigeria International?

_____

_____

25. How can you contribute in the growth of The Peoples Club of Nigeria International, Galveston?

_____

_____

_____

26. Have you ever been dismissed from any club? Yes / No

27. The People's Club of Nigeria International is a non-denominational social Club and if admitted will you abide by the ethics and conduct of the club? _____ Yes _____ No

28. Will you abide by the rules and regulations of the Club? _____ Yes _____ NO

29. Will you attend all Club meetings, functions, and activities?_____ Yes _____ No

30. Name / Address / Telephone information for three sponsors:

(a) _____

(b) _____

(c) _____

**NOTE: Please complete and mail this form along with the $100 (non-refundable) fee payable to the PEOPLES CLUB OF NIGERIA INTERNATIONAL, GALVESTON BRANCH to the chairman.

THE CHAIRMAN, SIR. DR. BARTH UCHE
PEOPLES CLUB OF NIGERIA INTERNATIONAL
GALVESTON BRANCH
PO BOX 741133
HOUSTON, TX 77271

We will contact you for an interview or further directives.

31. By accepting the membership of the PCNI, I expressly and impliedly waive my right to sue the Club/Branch, its officials, or any member without the express written permission of the Central Governing Body of the Club called CEC.

32. I shall be financially responsible for any damages to the Club/Branch, its officials, or any member may suffer because of my unauthorized lawsuit.

I have truthfully completed this application form to the best of my knowledge. I therefore consent and authorize this social club for any investigation deemed necessary. I understand that any false information provided in this form is a sufficient ground for my disqualification from this Club. I further agree that the decision of the General Meeting constitutes the end of my admission process in the branch.

Signed by the Applicant: _____

Date: _____

PCNI GALVESTON BRANCH APPLICATION FORM

***** Please DO NOT WRITE BELOW (For PCNI GALVESTON's use only) *****

Admission Committee's initial assessment:

_____ Good _____ Fair _____ Bad _____ Not Sure _____ Denied

Comments:
_____

_____

Executive Committee's decision:

_____ Recommends acceptance _____ Affirms a denial

General Meetings's decision (regular process), Acceptance granted:

_____ Yes _____ No

Comments (if no, Reason(s) for Denial):
_____

_____

Date of acceptance or denial: _____ / _____ / _____

If accepted, Date of Induction: _____ / _____ / _____

Place: _____

General Meetings's decision (On appeal), Acceptance granted:_____ Yes _____ No

if no, Reason for denial:_____
_____

Date of acceptance or denial: _____ / _____ / _____Induction Date: _____ / _____ / _____

Place:_____