

Membership Application



ACOUSTICAL SOCIETY OF NIGERIA

Passport

Photograph

Website: acousticsnigeria.org

E-mail:

Personal Information E-mail Address: _____ Sex:____ Name: _____ First Name Others Permanent Address: LGA: ______ State: _____ Date of Birth: ____ Country: ____ Telephone: _____ Religion: _____ Institution Name of Institution: Faculty:_____ Course: _____ Position:_____ On/Off Campus Address:_____ Area of Specialization (Acoustics):

DECLARATION:

Date	Signature of Candidate
attending the meetings o	f the society as often as possible.
I will advance the objects of the society by presenting papers and discussion and	
accordance with the provision of the said memorandum and articles.	
decisions of the execu	tive Council on all matters dealt with by them in
in force, and its code of	f ethics and that I will accept as final and binding the
the Memorandum and A	articles of Association of the society for the time being
Articles. I also promise t	that, in the event of my admission, I will be governed by
with the aims and object	s of the Society and will abide by its Memorandum and
Ι,	agree