



AFRICAN WOMEN LAWYERS ASSOCIATION (AWLA), NIGERIA

MEMBERSHIP DATA FORM

Your
Passport

Full Name (Surname First) _____

PHONE NO: _____

Office Address _____

Home Address _____

Year of Call _____

Area of Specialization _____

Professional Affiliation _____

State of Origin _____ D.O.B _____

Nationality _____

Name of Spouse _____

Address _____

Schools Attended	Dates	Qualifications
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Children _____

Email Adress _____

Signature _____ Date _____

REFEREE:

Name _____

Year of Call _____ DATE _____

Enrolment Number _____ Signature _____

Email Address _____ Phone Number _____