



# MIRACLE AMADI FOUNDATION (MAF)

**Rhenium International School**  
1 Rhenium Street, Off Jehovah Road, Ikhueni, Ikpoba Hill,  
Benin City, Edo State, Nigeria.



**Tel: +2347014380560,  
+2347086896290**

## MEMBERSHIP FORM

TITLE: MR  MRS  MISS  MASTER

SURNAME: .....

FIRST NAME.....

MIDDLE NAME: .....

MOBILE NUMBER(s): .....

EMAIL ADDRESS (if any): .....

HOME ADDRESS: .....

.....

.....

DATE OF BIRTH: DAY  MONTH  YEAR

MARITAL STATUS: SINGLE  MARRIED

GENDER: MALE  FEMALE

STATE OF ORIGIN: .....

L.G.A: .....

NATIONALITY: .....

MY MEMBERSHIP FEE: .....

MONTHLY  SIX (6) MONTHS  ANNUALLY  JUST ONCE

By my signature to this application, I agree to support and promote the objectives of the MAF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ACCOUNT DETAILS:

NAME: MIRACLE AMADI FOUNDATION

BANK NAME: FIRST BANK

ACCOUNT NUMBER: 2033039488