



Healthcare Administrators Association of Nigeria (HAAN)

(Established by Act, CAP C20, LFN 2004, No. 133104)

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Passport

MEMBERSHIP FORM

Please tick as appropriate

Student Member N10,000 **Full Member N25,000** **Fellow N85,000**

Doctoral Fellow N120,000 **Ph.D (Honoris Causa) N200,000**

(The Ph.D is by our Partner University)

Surname: _____ Other names: _____

Residential Address: _____

State of Origin: _____ LGA: _____

Nationality: _____ Date of Birth: _____

Telephone Number: _____ Email: _____

Name & Telephone number of Next of Kin: _____

Academic & Professional Qualifications with dates

S/N	Name of Institution	Qualification Obtained	Year

Name(s) of Organizations or Associations you belong to:

Declaration:

I declare that the information given above is true, correct and accurate to the best of my knowledge. Any information that is found to be incorrect shall render my application void

Signature: _____

Date: _____