



# SPIRIT OF DAVID, GOSPEL DANCE CLUB

## MEMBERSHIP DATAFORM

Affix recent  
Passport sized  
photograph.  
Use GUM only

PLEASE FILL ALL INFORMATION  
IN BLOCK LETTERS

### SECTION A

TITLE : \_\_\_\_\_ SURNAME: \_\_\_\_\_

OTHER NAMES \_\_\_\_\_

SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

PHONE (Home): \_\_\_\_\_ PHONE (Mobile): \_\_\_\_\_

EMAIL: \_\_\_\_\_ URL: \_\_\_\_\_

NEXT OF KIN AND ADDRESS \_\_\_\_\_

PHYSICAL DEFECT (If any): \_\_\_\_\_

RECURRENT SICKNESS (If any): \_\_\_\_\_

DATE OF MEMBERSHIP: \_\_\_\_\_

ACADEMIC STATUS (Studying/Working): \_\_\_\_\_

### STUDYING

NAME OF INSTITUTION: \_\_\_\_\_

PROGRAMME (Undergraduate/Postgraduate) \_\_\_\_\_

FACULTY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

YEAR OF ENTRY: \_\_\_\_\_ DURATION (In years): \_\_\_\_\_

### WORKING

PLACE OF WORK: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### SECTION B

BRANCH: \_\_\_\_\_

DEPARTMENT/UNIT: \_\_\_\_\_

POSITION: \_\_\_\_\_

CLASS A: \_\_\_\_\_ CLASS B: \_\_\_\_\_

NAME OF CENTURION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (Office): \_\_\_\_\_ PHONE (Mobile): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### IMPORTANT INFORMATION

- Date of Birth and date of membership must be given in full (i.e. dd/mm/yyyy)
- Height must be given in Feet and Inches, Weight in Kg.
- Indicate "Nil" where applicable
- Incomplete information automatically disqualifies this entry