



WOSITA FOUNDATION – MEMBERSHIP APPLICATION FORM

NameMs/Mrs/Other

NIN: Passport No.

Nationality: D.O.B:

Residential Address
.....

Mobile or Phone No.: Occupation

Any specific skills to share:
.....

Any business interest:
.....

Reason for joining:
.....

Email address:

Signature: Date:

Official Use:

Accepted Rejected

Membership Fee: SR100 per month Date fee paid

Remarks

If you have skills to share and time to spare, join us to promote networking and engagement with other women in Seychelles (women for women).

Contact us: 2510094 or email us