



# EXECUTIVE INDIVIDUAL MEMBERSHIP APPLICATION FORM

+234 815 3332 4888

PLEASE NOTE THAT ALL SECTION MUST BE COMPLETELY FILL BEFORE SUBMITTING.

**ALL INFORMATION IS TREATED AS CONFIDENTIAL**

ATTACH PHOTO

THIS IS TO CONFIRM THAT I, \_\_\_\_\_, HEREBY APPLY TO BE A MEMBER OF THE 2B LOUNGE. I HAVE AGREED TO BE BOUNDED BY THE RULES AND REGULATIONS OF 2B, AS I HAVE ATTESTED BY MY SIGNATURE BELOW.

NAME: \_\_\_\_\_

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

OCCUPATION: \_\_\_\_\_

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

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

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

EMAIL: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

----- FOR OFFICIAL USE ONLY -----

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_