



**MAYALE STRATEGY LTD
YOUTH DATING PROGRAM**

Participant Application

Official use only:

Membership #: _____
Membership fee: \$ _____
Method of Payment: _____
Receipt #: _____
By: _____

Name: _____
First Middle Initial Last

Date of Birth: __/__/____ G.P.A.: _____

Class Level: _____ Expected Graduation Date: ____/____/____
Semester Year

School: _____

Major/Concentration (if applicable): _____

Minor (if applicable): _____

Permanent/Mailing Address: _____ Home Phone Number

Mobile Phone Number
(____)____-_____
(____)____-_____

Email Address: _____

Please indicate how you learned about MAYALE: _____

If you would like to be actively involved and have time to devote would you be interested in volunteer work, such as helping to organize meetings? (Please circle one) Yes No

To become a participant, please **fill out this application completely** and submit it with your **current resume** to Program Officer or mail to:

Mayale Strategy Ltd
8 Umudioka Street
Area 3 Garki Abuja
www.mayale.org
info@mayale.org
Tel: 234-803-470-6879

I would like to enroll in Mayale Youth Dating Program and have filled out this application completely and accurately.

Applicant Signature: _____ Date: __/__/____

“Creating Tomorrow’s Leaders, Today”