**APPLICATION FORM**

(PLEASE USE BLOCK LETTERS)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FIRST NAME: |  | | | |
| SURNAME: |  | | | |
| ID NUMBER |  | | | |
| ADDRESS: |  | | | |
| COUNTRY: |  | | | |
| EMAIL: |  | TELEPHONE: |  | |
| MEMBERSHIP NO.: | ***For official use only*** | | |  |
| Entry fee enclosed: | 50,000 UGX 20 USD EURO | | | |

**DECLARATION**

I AGREE WITH THE TERMS AND CONDITIONS OF THE BAYIMBA MEMBERSHIP PROGRAMME

|  |  |  |
| --- | --- | --- |
| Signature |  | |
| Date | Place | |
| Please attach a digital passport size photo that will be used on your membership card | |  |