**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 |  |