



RC:108988

CHEERLEADING AND MAJORETTE ASSOCIATION OF NIGERIA

AFFILIATION FORM

FOR REGION, STATE AND CLUBS MEMBERSHIP

Address: Medes House, 26 King George V Road, Onikan, Lagos.
Tel: 0802 454 3316, 0803 076 7359, Email: cheerandmajorettenigeria@gmail.com



Passport size
photograph
of the applicant

APPLICATION FOR AFFILIATION FOR.....State Cheerleading Association

APPLICATION FOR CAMAN AFFILIATION MEMBER AS /

FULL MEMBERSHIP

GENERAL

Full Name of Applicant: _____

Team Name/State Club/ Organisation _____

Address (intended training facility) _____

Telephone / / / /

State

Region

Educational Qualification _____

TEAM INFORMATION

My team will consist the following person

President: _____ Vice President: _____

Secretary: _____ Coach: _____

Treasurer: _____ Financial Secretary: _____

Public Relation Officer: _____ Welfare Officer: _____

SOCIAL NETWORKS

Website: _____ Twitter: _____

Facebook: _____ Instagram: _____

I/We agree to follow the rule and regulation of Cheerleading and Majorette Federation of Nigeria. I/We request you to kindly allow us to form a State Team/Club of Cheerleading Association. I/We understand the affiliation fee to be paid into the federations bank account and will abide by the rules governing Cheer Sport in Nigeria.

Thanking you.

Applicant's Signature