



NATIONAL SECRETARIAT

CAC Registration No. 1440242 (ltd/gte)

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Phone: +2348036879116; +2348171964451; +2348935966396

MEMBERSHIP REGISTRATION FORM



(Note that every information provided in this form shall be treated with absolute confidentiality)

- 1. NAME OF ORGANIZATION OR PERSON:
- 2. ADDRESS:
- 3. TELEPHONE:
- 4. Email Address/Website (if any):

(If an organization, attach relevant registration certificates, Statutes of the Association or Article of Incorporation & Contact person)

5. REGISTRATION CATIGORY:

	Registration	FM	ASM	ICM	STD	Renual
FM: Full membership	N 20,000					N10,000
ASM: Associate Membership	N10,000					N5,000
ICM: Individual Membership	N 5,000					N2,000
STD: Student Membership	N 2000					N1,000

(Account: Zenith Bank Acc No. 1015423017)

6. ACTIVITY OR PROGRAMME FOCUS:

Tick BK PR FB HC BSM OHP

- BK: Beekeeper
- PR: Processor
- FB: Fabricators
- HC: Hives construction
- BSM: Beesuite maker
- OHP: Other hive products (Specify)

7. DETAILS FOR:

BEEKEEPING ACTIVITIES:

	Type of hives	Number of Hives	Number of Beekeepers	Qty of Honey Harvested Prev. Year (Ton)	Qty of Honey Expoted Prev. Year (Ton)	Qty of Honey Locally cons Prev. Year (Ton)
LS: Langstruts	LS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
KTB: Topbar Hives	KTB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TR: Traditional Hives	TR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OT: Others	OT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. OTHER RELATED ORGANIZATION YOU ARE CURRENTLY ENGAGED IN:

a) Government Ministries (Specify names):

b) Educational Institutions (Specify names):

c) Associations (Specify names):

d) Cooperatives (Specify names):

e) Quality Control of Bee Products (Specify names):

f) Research Centres (Specify names):

g) Non Governmental Organizations (Specify names):

9. INVESTMENT VALUES INTO (OPTIONAL BUT MAY BE REQUIRED IN DUE COURSE):

Type of hives

Year	Type of hives		Direct	Indirect	Working Capital
	Hives	Farm	Bee Products	Bee Products	
2014	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2015	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2016	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2017	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. TURNOVER VALUE OF PRODUCTS (OPTIONAL BUT MAY BE REQUIRED IN DUE COURSE:

Year	Honey	Manufactured Hives	Processed Wax	Processed Foundation Wax	Bee suites and other Accessories	Other food Suppliments & Substitutes
2014	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2015	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2016	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2017	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION:

I hereby declare that the information given above are correct and can be verified.

Sign:

Date:

NOTE: Please make payments to the bank and attach copy of payment teller

FOR OFFICIAL USE

Date of receipt of Application:

Membership Approved or disapproved:

Other Comments:

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Signature..... **Date:**

