



MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

Full Name :
(PLEASE USE CAPITAL)

Place Of Birth : _____ / _____ / _____ **Gender** : Male Female
 Other

Address : _____

E-Mail : _____ **Phone No** : _____

ID Number : _____

Occupation : _____ **Are You A Retiree?** : Yes No

MEMBERSHIP CATEGORY AND PAYMENT

Membership Category (Please select one) : Conservation Ally Nature Steward
 Community Star Corporate Member

Fees paid (if applicable) : **Cheque**

Payment method: Cheque Cash Credit/Debit Card
 Bank transfer Mobile money

MOTIVATION FOR JOINING

Briefly explain why you wish to become a member of Nature Rwanda and your interests related to conservation and environmental protection (Max 100 words).

ADDITIONAL INFORMATION

Please provide any additional information about your availability, skills, or ideas that could enhance your contribution as a member of Nature Rwanda.

CONSENT




By signing below, I affirm that the information provided in this application is accurate and complete to the best of my knowledge. I understand that my membership will be subject to the terms and conditions set forth by Nature Rwanda.

Signature: _____ Date: _____

Please submit this completed application form to the Nature Rwanda office or email it to membership@naturerwanda.org. We will review your application and contact you with further details.

Thank you for choosing to support Nature Rwanda's conservation efforts. Together, we can make a positive impact on our environment and create a sustainable future for all.

More Information :

-  Nova Building, NM 11 ST_Musanze
-  +250 788 773 177 (Office)
-  www.naturerwanda.org

THANK YOU