## **Application for Membership**

We, the undersigned hereby apply for membership in the Nigeria Employers' Consultative Association (NECA). We undertake to abide by the Constitution and Rules of the Association

1.	Name of Company or Organization:		
2.	Office Address:		
3.	Postal Address:		
4.	Company Registration No:		
5.	Principal's (Chief Executive's) Name and Designation:		
6.	Alternate:		
7.	Telephone No: Email Address: Website:		
8.	Number of Employees:		
9.	Unionization: Yes ( ) No ( ) Negotiation ( )		
	No of Male Employees:		
	No of permanent Employees		
	No of Interns		
	Other information about staff:		
	No of Expatriates:		
10.	Industry / Trade Groups in which you wish to be included:		
11.	Type of Business: Private Owned ( ) Publicly Quoted ( ) Others ( )		
12.	Ownership (Please tick your selection)		
	<ul> <li>100% foreign-owned</li> <li>Mainly foreign-owned</li> <li>Mainly National-owned</li> </ul>		
	Half / Half     Others		

	No of New Recruit in current year	No of Disengaged in current year	
	Management	<ul> <li>Management</li> </ul>	
	• Senior	• Senior	
	• Junior	Junior	
	Reasons for Disengagement		
	Restructuring of existing business		
	<ul> <li>Cost reduction</li> </ul>		
	Declining sales		
	Relocation of business or part of busines	SS	
	Disciplinary record		
13.	Brief Description of Business Activity:		
14.	Accounting Department Email:		
15.	Annual Turnover:		
16.	Name(s) and Address(es) of Person(s) to receive the Association's Newsletter:		
	(1)		
	(2)		
17.	Entrance Fee: N		
18.	Subscription: N		
	(Note: See Subscription Rates attached. A Cheq for the year should be forwarded with this applied	ue to cover the Entrance Fee and the Subscription cation)	
19.	Proposed by:		
20.	Seconded by:(Note: both proposer and seconder must be active)	ne memhers of NFCA)	
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	nave read the rules and objects of the Association ibe to those objects and pay the subscription due t	on and agree that, if elected to membership, will o the Association upon request.	
Signat	ture:	Date:	
Gover	ning Council's Decision:		