



BOTANICAL SOCIETY OF NIGERIA (BOSON) MEMBERSHIP REGISTRATION FORM

NAME: Prof/Dr./Mr./Alhaji/Mrs/Miss/Ms

QUALIFICATION:

RANK:

INSTITUTIONAL ADDRESS:.....

.....

E.mail:.....

PHONE NUMBER(S).....

HOME ADDRESS:.....

.....

AREA(S) OF SPECIALIZATION:.....

NATURE OF MEMBERSHIP (TICK ONE)

LIFE ORDINARY STUDENT

CATEGORY OF MEMBERSHIP (TICK ONE)

NEW/FRESH ANNUAL/RENEWAL

AMOUNT PAID:.....

PERIOD OF REGISTRATION:.....

Signature of Member

Treasurer Secretary