



3519 International Court, Washington DC 20008
 Tel: 202-986-8400 EXT 1023; Fax 202-237-1078
 Website: www.nidoamericas.org

APPLICATION FOR CORPORATE MEMBERSHIP

*Nigerians in Diaspora Organization (NIDO) is a non-profit organization that is drawing from the synergy of all Nigerian Professionals in the Diaspora, to instill ethical consciousness and civic responsibility that will enhance the socio-economic advancement of Nigerians and humanity in general. NIDO-Americas is currently focusing on: strategic networking, social and legislative advocacy, education, healthcare, technological and economic empowerment, as well as skills and cultural exchange projects. NIDO-Americas is recognized by the Nigerian government as the umbrella organization for all Nigerians in the Americas and Caribbean including their community based organizations. **Please join us!***

Name of Organization: _____	
Mailing Address: _____	City: _____ State: _____ Zip Code: _____
Website Address (if any): _____	
Name of Chair/President: _____	
Primarily Contact: _____	Position: _____
Telephone: _____	Email address: _____
Secondary Contact: _____	Position: _____
Telephone: _____	Email address: _____

<i>Please provide the following information for statistical purpose only</i>	
Type of Organization: _____	Year Founded: _____
Membership Strength: _____	State where Incorporated: _____
Mission Statement/Objectives of the organization:	

Please list Affiliation with other Organizations

Professional: _____ **Years:** ____ **Other:** _____ **Years:** ____

Professional: _____ **Years:** ____ **Other:** _____ **Years:** ____

Professional: _____ **Years:** ____ **Other:** _____ **Years:** ____

Please give a brief description of projects/programs undertaken and implemented (Or attach summary)

Please describe how your organization can collaborate with NIDO Americas.

Please list two officers to represent your organization at NIDO Americas.

Name: _____ **Position:** _____

Telephone: _____ **Email address:** _____

Name: _____ **Position:** _____

Telephone: _____ **Email address:** _____

Tenure of Contacts: _____

I hereby represent and warrant that I am of full age and I am authorized to represent _____,
Name of Organization

and I state further that the information I have provided is true. _____,
Name of Organization

affirmatively undertakes to abide by the rules of the NIDO Americas in furtherance of its goals, and objectives.

Name: _____ **Title (Position):** _____

Signature: _____ **Date:** _____

*Please enclose the registration fee of \$250.00 in check or money order, made out to NIDO Americas, and mail application kit to Attn: NIDO MANAGER, 3519 International Court, Washington, DC 20008
Upon approval, you will receive your welcome package in the mail within 30 days.*

Thank you for your interest in leveraging the vast Nigeria Diaspora resources to serve the community.