



AFRICAN LEAGUE ORGANISATION

. 20 Oke-Agbe Street off Samuel Akintola Boulevard Garki II, Abuja.

RC NO: 13377

www.africanleagueorganization.org

Tel: 08131951471, 08023016516, 07031209510, 08066842135

Email: alo200020@gmail.com

SUSTAINABLE SKILLS TRAINING & EMPOWERMENT OPPORTUNITY (AFRICA RENAISSANCE PROGRAMME)

African League Organisation (ALO), a registered International NGO is fielding its new and intending members for Skills Acquisition training in various skills. The chief aim is to deliberately sensitize, motivate and mobilize a critical mass of Africa's youth population into a conscious re-awakening into present realities of the computer age; thus enabling them to become self-reliant, carving out a niche for themselves, without over-dependence on parents or Government!

Successful applicants shall at the end of the training be financially and/or materially empowered to gainfully practice the skills they may have acquired while in training.

All interested persons wishing to take advantage of this opportunity may obtain the Training & Empowerment Forms from:

**The Administrative Secretary,
Corporate Secretariat, No.20 Oke-Agbe Street
Off Samuel Ladoke Akintola Boulevard Garki 2,
Abuja, Nigeria**

Or From

Your Local Representatives

The following Forms must be filled by all interested applicants

1. ALO Membership Application Form
2. Training/Empowerment Application Form

NOTE: ALL FORMS ARE FREE



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Free Training/Empowerment Form

Part 1.

Personal Data

Surname.....Other Names.....

Address.....

Date of Birth.....Age.....Sex.....MaritalStatus

Home Town Address.....L.G.A.....State

Nationality.....

Present Residential Address

Phone No.....Email Address.....

Nextof Kin.....Relationship.....

Phone No/Email Address of Next of Kin.....

Part B.

PREFERRED TRAINING/SKILL

CHOOSE ANY TWO FROM THE SKILLS BELOW.

- | | | | |
|--------------------------|--------------------------|--------------------|--------------------------|
| • Fashion Designing | <input type="checkbox"/> | . Paint Production | <input type="checkbox"/> |
| • Catering | <input type="checkbox"/> | . ICT | <input type="checkbox"/> |
| • Cosmetics & Detergents | <input type="checkbox"/> | . Agriculture: | <input type="checkbox"/> |
| • Theatre Arts/Music | <input type="checkbox"/> | . Photography | <input type="checkbox"/> |

PART C.

PREFERRED LOCATION

North Central Abuja

South East, Imo

North West, Kano

South South, Rivers

North East, Gombe.

South West, Ibadan

For Official Use

Recommended Training

Recommended Location

Granted

Not Granted

Official Signature

Date



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MEMBERSHIP FORM

SECTION A.

PERSONAL DETAILS

Surname..... Other Names.....

Address.....

Date of Birth.....Age.....Sex. Marital Status.....

Home Town Address.....

L.G.AStateNationality.....

Present Residential Address

Phone No.....Email Address.....

Next of Kin.....Relationship.....

Phone No/Email Address of Next of Kin.....

SECTION B. ACADEMIC QUALIFICATION

S/N	NAME INSTITUTION	CERTIFICATE OBTIANED	DATE

SECTION B: WORKING EXPERIENCE (If Any)

S/N	NAME OF ORGANISATION	POSITION/DATE

SECTION D: AFFIRMATION

I do hereby affirm that: all the information contained on this application are true and correct. If accepted, I agree to abide by the Code of Ethics prescribed by this Organisation to govern its members.

Applicant' Signature: _____ Date: _____