

CHRISTIAN CARE FOR WIDOWS, WIDOWERS, THE AGED AND ORPHANS (CCWA)

Motto: Love one another

ABUJA ADDRESS

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Attach
Passport
Photograph
here.

Widows Membership Form CCWA/FORM 01

Please provide valid and relevance information in the spaces provided below

1. Name:
2. Place of Birth:
3. Date of Birth: Phone Number:
4. Name of your CCWA centre:
5. Address of your CCWA centre:
6. Name of your CCWA District:
7. Address (Where you live):
8. Name of your Wife/Husband:
9. Names of your Children (and their ages)

	Names	Ages
1.
2.
3.
4.
5.

10. Are you a Widow Widower Aged (*Please tick as appropriate*)
11. Date of Death of Husband/Wife:
12. Your Religion:
13. Your church:
14. Your Church Address:
15. Your Pastor's Name:
16. Are you gainfully employed? Yes No (*Please tick as appropriate*)
 - a. If yes, please state current employment:
 - b. If no, please indicate employment you desire:
17. Your Highest Education Qualification & dates:
18. How best do you think CCWA can help you? (*Kindly tick as appropriate*)

Business/Farming Loan Skill Acquisition Child Support (Educational)

Counselling Health Care Legal Guidance Others:
19. How best can you help CCWA? (*Kindly tick as appropriate*)

I will pray I will Solicit support I will Participate actively

I will help other Widows, Aged & Orphans

For Official Use Only

Comments:.....
.....

Designation/Name:

Date form submitted: Signature: