



# CCWA

## CHRISTIAN CARE FOR WIDOWS, WIDOWERS, THE AGED AND ORPHANS

(A NON-GOVERNMENTAL, NON-POLITICAL AND NON-PROFIT ORGANISATION)

**ABUJA ADDRESS**

No. 33, Patrick O. Bokkor Crescent, Opp.  
 Govt. Junior Secondary School, Jabi, Abuja  
 Tel: 08175417583, 0805-822-2257, 0706-069-3615.  
 Email: ccwahdqtrs@gmail.com  
 Website: ccwao.com

**Motto: Love one another**

Attach Passport  
 Photograph  
 here.

### Orphans Membership Form

*Please provide valid and relevance information in the spaces provided below*

1. Name: .....
2. Place of Birth: .....
3. Date of Birth: .....
4. Name and address of your CCWA Centre: .....  
 ..... Tel. No: .....
5. Name of your CCWA District: .....
6. Your Address: .....
7. Name of your Guardian: .....  
 Relationship: Father  Mother  Uncle  Aunt  Others  *(Please tick as appropriate)*

8. Names of Brother(s) & Sister(s)

|    | Names | Gender  | Ages. |
|----|-------|---|-------|
| 1. | ..... | M <input type="checkbox"/> F <input type="checkbox"/> | ..... |
| 2. | ..... | M <input type="checkbox"/> F <input type="checkbox"/> | ..... |
| 3. | ..... | M <input type="checkbox"/> F <input type="checkbox"/> | ..... |
| 4. | ..... | M <input type="checkbox"/> F <input type="checkbox"/> | ..... |
| 5. | ..... | M <input type="checkbox"/> F <input type="checkbox"/> | ..... |

9. Are you an Orphan  Fatherless  Motherless  *(Please tick as appropriate)*
10. Date of your Father/Mother's Death: .....
11. Your Religion: .....
12. Your Church Name: .....
13. Your Church Address: .....
14. Your Pastor's Name: ..... Tel.: .....
15. Current Class & School Address: .....
16. Your Highest Education Qualification and Date Acquired: .....
17. How best do you think CCWA can help you? *(Kindly tick as appropriate)*  
 School Fees  Skill Acquisition  Health Care  Others: .....
18. How best can you help CCWA? *(Kindly tick as appropriate)*  
 I will participate actively  I will help other Orphans  I will pray  I will solicit for Support

**For Official Use Only**

Comments: .....

Designation/Name: .....

Date form submitted: ..... Signature: .....