



**COALITION OF SOCIETIES FOR THE RIGHTS OF OLDER PERSONS IN NIGERIA
(COSROPIN)**

REGISTRATION FORM

NAME OF ORGANISATION:

CAC REGISTRATION NO.: DATE OF REGISTRATION:

AREA OF SPECIALIZATION:

HQ OFFICE ADDRESS:

E-MAIL:

BRANCH OFFICE ADDRESS/ES:

MEMBERSHIP STRENGTH:

DETAILS OF KEY PERSONNEL:

S/N	NAME	POSITION	TEL. NO	E-MAIL
1				
2				
3				
4				
5				

OFFICIAL USE ONLY

REGISTRATION FEE PAID: DATE OF PAYMENT:

COSROPIN REG. NO: