



REGISTRATION FORM

First Name: _____ Last Name: _____

Date of Birth: _____ Mobile Number: _____

Residential Address: _____

Student – Secondary College/University
Young Adult – Not in School Not in Employment
Young Corporate – Self Employed Formal Employment

Email Address: _____

NRC #: _____ Religion: _____

Hobbies: _____

Guardian Name & Contact: _____

Do you belong to any other groups or networks?

Are you involved or attached to any charity organization either personal or as a group?

What would be or what has always been your career choice and why?

Are you currently running any business or project? **If yes**, kindly provide details:

If Not

Given an opportunity, what project or business would you be interested in undertaking?

Tel: (+260) 955 587373

Plot 945 Nalikwanda Road, Woodlands, Lusaka

Email: admin@kupesnetwork.com | Website: www.kupesnetwork.com

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Why do you want to be part of Kupes Young Women's Network?

Where do you see yourself in 10 years' time?

Date: _____

Signature: _____

(Please attach two copies of your passport size photos)

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