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PEACE ADVOCATES AND PRACTITIONERS ORGANISATION NIGERIA EUROPEAN HEADQUARTERS AUSTRIA

A PLATFORM FOR PEACE AND CONFLICT RESOLUTION

MOTTO: UNDERSTAND CONFLICT TO VALUE PEACE

MEMBERSHIP APPLICATION

FORM / QUESTIONNAIRE



First Name: _____ Surname: _____

Address: _____

Nationality: _____ Passport/Personal ID: _____

Date of Birth: _____

Telephone: _____ Mobil: _____

Email: _____

Qualification: _____ Field of Study: _____ Profession: _____

Any previous training in peace and conflict studies? _____

Why the interest in peace education? _____

Referees: (Public servants and above or it's equivalent) _____

1. Name: _____

Address: _____ Phone: _____

2. Name: _____

Address: _____ Phone: _____

For Official Use Only:

To be completed by the Chairman/Secretary, Board of trustees

We hereby certify that the above applicant is qualified/not qualified for membership
of Peace Advocates and Practitioners Organisation (PAPONEHA)

Chairman/European Coordinator

General Secretary