ROLL NO:

GHANA ASSOCIATION IN PETERBOUGH (GAP) MEMBERSHIP/RENEWAL FORM

TITLE DM	r	□Miss	□Ms		
NAME					
ADDRESS I				MAIN TELEPHONE	
ADDRESS 2				WORK TELEPHONE	
ADDRESS 3				(if different) HOME TELEPHONE	
TOWN/CITY				MOBILE PHONE	
POST CODE				PRIMARY EMAIL	
OSI CODE				SECONDARY EMAIL	
				SECONDARY EMAIL	
ECTION 2: MEMB	ERSHIP TYP	E AND PA	YMENT DE	TAILS	
MEMBER TYPE	DESCRIPTIO	N		MEMBERSHIP Please	
-ULL	Full Membership)		DUES (Annual) Check	
AYMENT METHOD		h/DD Pers	onal Cheque	Online Payment	
ECTION 3: MEMB	ER INFORMA	ATION			
		ATION			
OCCUPATION /JOB TITL	E:		ceive GAP memb	ership information? :	
DCCUPATION /JOB TITL	E : □ No Would		ceive GAP memb	ership information? : Yes No	
OCCUPATION /JOB TITL Member GAP:	E : □ No Would	d you like to re	ceive GAP memb	ership information?:	
Member GAP: Yes Are any of your parents	E : □ No Would	d you like to re	ceive GAP memb	<u> </u>	
ECTION 3: MEMB OCCUPATION /JOB TITL Member GAP:	E : □ No Would	d you like to re	ceive GAP memb	Name of mother	
Member GAP: Yes Are any of your parents Name of father Next of Kin	E: No Would alive: Yes	d you like to re		Name of mother Contact number	
Member GAP: Yes Are any of your parents	E: No Would alive: Yes	d you like to re		Name of mother Contact number	
Member GAP:	E: No Would alive: Yes	d you like to re No	GAP commit	Name of mother Contact number	
Member GAP:	E: No Would alive: Yes	d you like to re No	GAP commit	Name of mother Contact number ee:	
Member GAP: Yes Are any of your parents Name of father Next of Kin Please indicate if you wo Yes No Is there a specific skills y	E: No Would alive: Yes Pould be willing to you would like to bhotographic	d you like to re No serve on a control tell us about	GAP commit	Name of mother Contact number ee:	
Member GAP: Yes Are any of your parents Name of father Next of Kin Please indicate if you wo Yes No Is there a specific skills y Permission to use Photographs of GAP	E: No Would alive: Yes Ould be willing to you would like to bhotographic members may be	d you like to re No serve on a Go tell us about images: be used in va	GAP commit	Name of mother Contact number ee: mmunications incl. the newsletter and website. G	
Member GAP: Yes Are any of your parents Name of father Next of Kin Please indicate if you wo Yes No Is there a specific skills y Permission to use Photographs of GAP photographs taken at	E: No Would alive: Yes Pould be willing to you would like to the pohotographic members may be GAP events missing to the pohotographic members may be the pohotograp	serve on a control of tell us about the images: be used in value as the used when the	GAP commit	Name of mother Contact number ee:	
Member GAP: Yes Are any of your parents Name of father Next of Kin Please indicate if you wo Yes No Is there a specific skills y Permission to use p Photographs of GAP photographs taken at please indicate your p	E: No Would alive: Yes Pould be willing to you would like to the pohotographic members may be GAP events missing to the pohotographic members may be the pohotograp	serve on a do tell us about images: De used in value be used wise:	GAP commit	Name of mother Contact number eee: mmunications incl. the newsletter and website. G ving individual members. For individual photograp	
Member GAP:	E: No Would alive: Yes Pould be willing to the course may be garden for user mission for user have permission to use have permission.	serve on a control of tell us about the used in value and idention to use and identification to use and identifica	GAP commits arious GAP continuity of the contin	Name of mother Contact number eee: mmunications incl. the newsletter and website. G ving individual members. For individual photograp	

Please send this membership application/renewal form to the Secretary, Michael Effah at 26 Lowick Gardens, Peterborough, PE3 7HG, Phone 07925588101/01733685262. Email: info@mygapuk.org

To pay by direct debit or online: HSBC Accounts number **52341875**. **Sort Code 40-38-15** Make cheque payable to "Ghana Association in Peterborough