

GHANA OFFINSOMAN ASSOCIATION OF TORONTO INC.

MEMBERSHIP REGISTRATION FORM

Information provided on this form is strictly confidential

MEMBER'S NAME

LAST NAME	FIRST NAME	MIDDLE NAME

AGE *(At time of signing this form - years only)*

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PRESENT ADDRESS

NO.	STREET	APT. /UNIT
CITY		POSTAL CODE
CITY		PROVINCE

TELEPHONE NUMBERS *(Including area code)*

HOME PHONE	BUSINESS PHONE <i>(Optional)</i>	OTHER PHONE <i>(Optional)</i>

SPOUSE

LAST NAME	FIRST NAME	MIDDLE NAME

CHILDREN *(If more than 4 spaces are required, please use the back of this form)*

	LAST NAME	FIRST NAME	MIDDLE NAME
1			
2			
3			
4			

PARENTS

MOTHER'S FULL NAME	ADDRESS <i>(In Ghana)</i>	PHONE <i>(If applicable)</i>
FATHER'S FULL NAME	ADDRESS <i>(In Ghana)</i>	PHONE <i>(If applicable)</i>

HOMETOWN

CITY/TOWN NAME	DISTRICT

NEXT OF KIN *(In case of emergency)*

LAST NAME	FIRST NAME	MIDDLE NAME
HOME PHONE	BUSINESS PHONE	

LIFE INSURANCE INFORMATION *(Optional)*

PROVIDER NAME & PHONE NUMBER	
BROKER NAME & PHONE NUMBER	
POLICY NUMBER	
BENEFICIARY	
EFFECTIVE DATE	

I, the undersigned do hereby certify that all information declared herein is correct and complete and that by signing below I agree to be bound by the constitution, by-laws and policies of the Ghana Offinsoman Association of Toronto Inc.)

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY		
MEMBERSHIP #:		NOTES
DATE APPROVED:		
PROCESSED BY:		