



GHANA INTERNATIONAL WELFARE ASSOCIATION

MEMBERSHIP REGISTRATION FORM

Membership is open to Only Registered Nurses and their Spouses or Partners

PLEASE PRINT OUT THE FORM COMPLETE IT IN BLOCK CAPITALS
Scan and email the completed form to - INFO@GIWAINTERNATIONAL.ORG as an attachment



Title , (Mr, Miss, Ms. Mrs. Dr. Rev. Prof.) Please circle whichever applies (Others).....

1. Surname.....
2. Forenames.....
3. Date of Birth,.....Gender.....
4. Marital Status (Optional).....Profession/Occupation.....
5. Name of Your Spouse / Partner.....His/Her Profession.....
6. Your Physical Contact Address.....

Postcode.....

7. Telephone Number . (Home).....Mobile.....
8. Email Address.....Twitter/Whatsapp.....
9. Full Name of Next of Kin.....
10. Contact Address of Next of Kin.....

11. Contact Telephone Number.....

12. Name of Children (i).....(ii).....
Under 18 yrs
(iii).....(iv).....

13. Name of Surviving Parents/Guardians (I).....
(ii).....

14. Name of GIWA member(s) who recommended GIWA to you (I).....
(ii).....and/or Tell us where you heard about GIWA.....

15. Declaration. I hereby apply for membership of GIWA and agree to abide by the Constitution and bye- laws of the Association. I understand that GIWA does comply with the Data Protection Act and I consent to GIWA holding the above information on GIWA data base and /or website. I hereby declare that I am a registered nurse .or a spouse of a registered nurse and that the information given by me above are true and correct to the best of my knowledge and belief.

16. Signature.....Date.....

For office use only

Witnessed and verified by.....Sign.....

Approved by and on behalf of the Executive Committee.....Date.....

Registration / PIN Number of New Member.....

AFFIX TWO
PASSPORT
PICTURES