



GHANA SCIENCE ASSOCIATION

MEMBERSHIP RECORD FORM

(STUDENTS)

Passport Size
Photograph

(Student)

I. PERSONAL:

TITLE: _____ SURNAME: _____
Mr./Mrs./Miss.

FIRST NAME: _____ OTHER NAMES: _____

NATIONALITY: _____

MAILING ADDRESS: _____

TEL: _____ E-MAIL: _____ FAX: _____

II. ACADEMIC BACKGROUND: [Starting with the current]

INSTITUTION/UNIVERSITY	MAJOR FIELD OF STUDY	DEGREE(S) AND YEAR OF AWARD

III. EMPLOYMENT HISTORY (If any)

IV. AFFILIATION TO OTHER PROFESSIONAL BODIES

V. SIGNATURE _____ DATE _____

VI. FOR OFFICE USE ONLY

Date Received: _____

Dues Paid: _____

Class of Membership: _____

Other Remarks: _____
