



GHANA SCIENCE ASSOCIATION

MEMBERSHIP RECORD FORM

Passport
Size
Photograph

I. PERSONAL:

TITLE: _____ SURNAME: _____
Rev./Prof./Dr./Mr./Mrs./Miss.

FIRST NAME: _____ OTHER NAMES: _____

NATIONALITY: _____

MAILING ADDRESS: _____

TEL(s): _____ E-MAIL(s): _____ FAX: _____

II. ACADEMIC BACKGROUND: [Starting with the highest qualification]

INSTITUTION/UNIVERSITY	MAJOR FIELD OF STUDY	DEGREES AND YEAR AWARDED

(Continue on Separate Sheet if necessary)

III. EMPLOYMENT:

Current Employment:

Field of Specialization: _____

IV. RESEARCH

Area(s) of Current Research: _____

Are you a Life Member? _____

NAME OF BRANCH [*Accra, Kumasi, Cape Coast, Tamale, Koforidua, Asante Mampong, Sunyani*]

V. AFFILIATION TO OTHER PROFESSIONAL BODIES

VI. STAFF NO. _____

VII. SIGNATURE _____ **DATE** _____

VIII. FOR OFFICE USE ONLY

Date Received: _____

Dues Paid: _____

Class of Membership: _____

Other Remarks: _____
