



MENTAL HEALTH AND WELL-BEING FOUNDATION
MEMBERSHIP FORM

MEMBERSHIP NUMBER:

Please fill the form using capital lettering.

FIRST NAME:.....

SURNAME

SEX..... DATE OF BIRTH (day/month):

OCCUPATION:

STUDENT (State your university):

INSTITUTION.....

WORKPLACE ADDRESS:.....

E-MAIL ADDRESS.....

HOMETOWN IN GHANA:

MOBILE:.....

RESEARCH INTEREST AREAS:.....

Australia Account

Ghana Account: Fidelity Bank 1050886248016

BSB 633 000

ACCOUNT 148 041 866

APPROVAL FOR MEMBERSHIP: *YES / NO

MEMBERSHIP FEE OF GH¢ 20.00 PAID per year Ghana and African Countries

MEMBERSHIP FEE OF AUD 100.00 PAID per year Australia and overseas

START OF MEMBERSHIP:.....DATE:.....

MEMBERSHIP OBLIGATION

I, the undersigned agree to accept the constitution of the mental health foundation of Ghana and abide by the rules governing the administration of the heritage affairs. I attach the registration fee

Signed:.....Print Name:.....

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Ghana

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Australia

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