



GHANA SCIENCE ASSOCIATION

MEMBERSHIP RECORD FORM

(STUDENTS MEMBERS)

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: _____

GHANA SCIENCE ASSOCIATION
MEMBER'S UNDERTAKING

FROM:

TO:

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STAFF ID NO. :

Dear Sir/Madam,

I have decided to join / renew my membership of the Ghana Science Association with effect from I hereby authorize you to deduct at source monthly dues of

(¢.....) from my salary and pay same to the Ghana Science Association with effect fromtill I issue a counter instruction to you to do otherwise.

Thank you.

.....

(Signature of Applicant)

**Sign, Name & Stamp
(Finance Officer)**