**MEMBERSHIP FORM**

***(Fill In Block Capitals)***

**APPLICATION FOR MEMBERSHIP**

***SECTION A*** *of this f Form must be completed by the applicant and* ***SECTION B*** *by the applicant Guarantor. The completion Form together with relevant attachments in a sealed envelope must be dispatched* ***either*** *directly to the* ***EXECUTIVE DIRECTOR*** *through the above-mentioned address or deposited at any of the approved places or individuals. The* *Form can also be filled online at* ***WORLD PEACE VOLUNTEERS (WPV)*** *website:* [*www.worldpeacevolunteers.org*](http://www.worldpeacevolunteers.org)*. For any further information or assistance regarding the filling of the Form, please call:* ***0546613927.***

**SECTION A: PARTICULARS OF APPLICANT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*SURNAME(S) FIRST NAME OTHER NAME(S)*

*GENDER****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DATE OF BIRTH****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****AGE****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*PLACE OF BIRTH****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****HOMETOWN****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*REGION****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DISTRICT/MUNICIPAL/METRO****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*PLACE OF RESIDENCE­­­­­­­­­­­­­­­­­­­­****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DISTRICT/MUNICIPAL/METRO****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*GPS****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****E-MAIL****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****POSTAL ADDRESS****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­***

*DENOMINATION****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****HEALTH STATUS****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*NATIONAL ID****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PASSPROT NO****.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*DRIVERS LICENCE NO****.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****NHIS NO****.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*EDUCATION BACKGROUND****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*OCCUPATION****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PROFESSION****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*LANGUAGE (S) SPOKEN****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*CONTACT NO****.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*MARITAL STATUS****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *NAME OF SPOUSE****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*SPOUCE CONTACT NO****.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****NO. OF CHILDREN****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*FATHER’S NAME****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****FATHER’S CONTACT****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*MOTHER’S NAME****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****MOTHER’S CONTACT****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*ANY OTHER INFORMATION****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 *APPLICANT’S SIGNATURE DATE*

***SECTION B: OFFICIAL RECOMMENDATION***

***To be completed by a renowned person known by the applicant.***

*I***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(NAME IN BLOCK CAPITALS) STATUS*

*of***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *in the* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*COMMUNITY HOUSE NO. DISTRICT/MUNICIPAL/METRO*

*of* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *of the Republic of Ghana,*

*REGION*

*certify that the applicant is known to me and that, to the best of my knowledge and understanding, information he/she is given in* ***SECTION A*** *is truth and correct. I confirm that the photograph endorsed by me and attached to the Application Form is the true likeness of the applicant.*

*I* ***recommend*** *or* ***do not recommend*** *(Please delete as appropriate).*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 *SIGNATURE DATE*

***FOR OFFICE USE ONLY***

|  |  |  |  |
| --- | --- | --- | --- |
| i | ii | iii | iv |
| ***Receipt Of Applicant****Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ***Form Check****Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ***Accepted****First Invitation*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_**Date*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Rejected****Reason(s)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Officer:\_\_\_\_\_**Sign\_\_\_\_\_\_\_**Date\_\_\_\_\_\_\_* |
|  |  |  |  |