

REGISTRATION OF GHANAIS

APPLICANT INFORMATION

Name:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth:
Passport – Number:	Issued At:	Issued Date:	Expiry:
Current address:			
City:	Province:	Postal Code:	
E-mail:		Phone:	

EMPLOYMENT/EDUCATIONAL INFORMATION

Current employer/Institution:		
Employer/Institution address:		How long:
Phone:	E-mail:	Fax:
City:	Program:	

EMERGENCY CONTACT

Name of a relative in Ghana:		
Address:		Phone:
City:	Region:	
Relationship:		

SPOUSE INFORMATION IF JOINT MEMBERSHIP (IF APPLICABLE)

Name:		
Date of birth:	Passport:	Phone:

SPOUSE EMPLOYMENT INFORMATION (IF APPLICABLE)

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	Postal Code:

REFERENCES IN GHANA OR CANADA

Name	Address	Phone

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name	Name
Name	Name

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date:

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