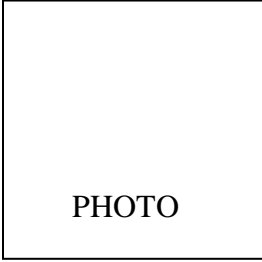


GHANA TAMIL ASSOCIATION (GTA)



Blood Group: _____

Membership Application Form

Full Name: _____

Date & Place of Birth: _____

Father's/Husband's Name: _____

Particulars of family Members staying with applicant:

Name	DOB	Relationship	Blood Group

Profession & Office Address: _____

Permanent Address in India: _____

Present address (Ghana): _____

Phone Number: Office: _____ Home: _____ Mobile: _____

Contact Email Address _____

Living in Ghana since: _____

Proposed duration of stay in Ghana: _____

Contact Person in case of emergency:

	Name	Relationship	Mobile:	Email:
In Ghana				
In India				

Type of Membership Applied for: (1) Annual Family Membership (GHc 120.00) (2) Annual Single Membership (GHc 60.00)

I hereby declare that I have read and understood the Constitution of the Ghana Tamil Association (GTA) and agree to abide by its membership obligations.

Signature of the Applicant: _____

Name: _____

Proposed by: _____

Signature of the Proposer: _____

Admitted Vide Membership No. _____