



## SEFWI-ASAWINSO DEVELOPMENT ASSOCIATION

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### MEMBERSHIP FORM

PLEASE AFFIX  
PASSPORT SIZE  
PHOTOGRAPH  
HERE

Please read carefully and fill in the blank spaces in BLOCK letters.

#### MEMBER'S INFORMATION

##### MEMBER'S PERSONAL AND CONTACT DETAILS

Name:

Date of Birth:

Age:

Place of Birth:

Gender: Male  Female

Hometown:

Current Address:

Ethnicity:

Suburb:

Occupation:

Phone:

Email Address:

##### PARENTS' INFORMATION

Father's Name .....

Father's Hometown .....

Father's Contact Number .....

Mother's Name .....

Mother's Hometown.....

Mother's Contact Number .....

##### EMERGENCY CONTACT DETAILS

Name .....

Relationship.....

Occupation .....

Contact Number .....

## MEMBER'S INFORMATION

### DECLARATION

I, the undersigned, hereby declare that the information provided is true and correct to the best of my knowledge. I agree to abide by the rules and regulations of the Sefwi Asawinso Development Association (SADA).

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY

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

Membership ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of registration:

Representative Name: \_\_\_\_\_

\_\_\_\_\_