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**Membership Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation/Course: \_\_\_\_\_ Company /School: \_\_\_\_\_

Skills: \_\_\_\_\_

Languages [speak/read/write]: \_\_\_\_\_

Areas of Interest (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Education                   | <input type="checkbox"/> Publicity/Recruitment       |
| <input type="checkbox"/> Sanitation                  | <input type="checkbox"/> Legal                       |
| <input type="checkbox"/> Healthcare/Health Education | <input type="checkbox"/> Microfinance/Microeconomics |
| <input type="checkbox"/> Vocational Training         | Other: _____   |

Can we contact you for planning/development/administration work?

- Yes       No

Do you have any comments/questions?

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

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

Thanks for joining the team!