

**MEMBERSHIP REGISTRATION FORM**

**Contact**: **+233 27 200 9977 | 55 782 2483** ` **Website**: www.ghana.francealumni.fr

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I hereby apply to be a Member of the France Alumni Ghana Association (FAGA). (Also see Note (b) below).

I authorize you to cause my name to be placed on the register of members of the FAGA accordingly.

Please find attached below my particulars:

(PLEASE FILL ALL SECTIONS OF THIS FORM IN CAPITAL LETTERS)

1. Names: …………………………………………………………………………………………………………………………………………..

(Prof/Dr./Mr./Mrs./Ms./Rev.) Please use BLOCK LETTERS Gender: M / F

1. Profession(s): ………………………………………………………………………………………………………………………………….
2. Current work & Address: ……………………………………………………………………………………………….................
3. Date of Birth: Day: …………………………………Month: …………………………………Year: ……………………………….
4. Telephone Number (Off/Res)………………………………………………………………………………………………..……….
5. E-mail: ………………………………………………………………………………………………………………………………………….…
6. Preferred Contact Address……………………………………………………………………………………………………………...
7. Name of French Institutions Attended: ……………………………………………………………………………………….…
8. Programme(s) of study:

i) Undergraduate:…………………………………………………………………………………………………........................

Year of Entry……………………………………… Year of Graduation……………………………………...

ii) Postgraduate:…………………………………………………………………………………………………………………………....

Year of Entry………………………………………. Year of Graduation……………………………………...

I herewith enclose my membership registration of (amount GHC)……………………………………………..………

Signature…………………………………………… Date……………………………………….…

1. Anyone who has ever studied in France qualifies to be a member of the association (FAGA).
2. Membership dues are **GHC 50.00** for professionals and **GHC 30.00** for students per year.
3. Payment should be made by cash or through Mobile Money to: **027 200 9977 | 055 7822483**.

*COMPLETING THIS FORM YOU ARE HELPING BUILD A CREDIBLE ALUMNI ASSOCIATION DATABASE.*

**Kindly enclose a copy of your certificate awarded/obtained. Thank you!**