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your passport
size picture
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ASSOCIATION OF HEALTH SERVICE ADMINISTRATORS, GHANA (AHSAG)

MEMBERSHIP APPLICATION FORM

[Please tick appropriately where necessary]

Surname: Other Name(s):

Gender: Male Female Date of Birth:/...../.....

Type of membership applied for: Full Membership Provisional Membership Honorary Membership

Entry Qualification: Bsc Admin. (Health Mgt Option) MBA (Health Mgt Option)

Diploma in Health Service Admin Others *[Please specify]*

Awarding institution:

Date of completion of programme:/...../..... Date of award of certificate:/...../.....

Where did you do your internship training?

Who supervised and signed you off after your internship training?

Date of completion of Internship:/...../.....

Current station:

Declaration:

I hereby declare that the information I have provided are accurate to the best of my knowledge and that if at any point in time it is discovered that I falsified the information provided above, the Association reserves the right to summarily dismiss me.

Signature of applicant: Date:/...../.....

For Office use only

Type of membership granted: Full Membership Provisional Membership Honorary Membership

Application vetted by (Name) Signature

Designation: Date:/...../.....

Approving Authority

Application approved by (Name) Signature

Designation: Date:/...../.....

NB: Please attach your CV, Certificates and additional information if any on separate sheet(s) of paper to this application form.