



GYMHA MEMBERSHIP APPLICATION FORM

Please kindly fill out the relevant section as they apply to you

PERSONAL DATA

Name of Individual : _____

Date of Birth : _____

Address : _____

: _____

web/mail : _____

Gender : Male Female

Tel no : _____

Cell no : _____

Marital Status : Married Never Married Divorced

: Engaged Widow/Widower

: Scholar Military Service University Student

AFFIX
PASSPORT
PHOTOGRAPH

PLEASE INDICATE YOUR CORE PROFESSION BY CHECKING THE BELOW BOXES

SOCIAL CULTURAL WELFARE COMMUNITY

WOMEN YOUTH OTHER(Please Specify)

CATEGORY OF MEMBERSHIP

ORDINARY MEMBERSHIP

An Organization whose primary objective is either Mental Health/Humanitarian and whose aims and activities are consistent with the statement of purpose of GYMHA

ASSOCIATE MEMBERSHIP

An Organization with an interest in Mental Health issues (but this is not being their primary focus) and whose aims and activities are consistent with the statement of purpose of GYMHA

INDIVIDUAL MEMBERSHIP

Individuals who abide with GYMHA statement of purpose.

*PLEASE NOTE: In accordance with the GYMHA constitution, associate and individual members do not have voting rights.

The annual membership fees for ordinary, associate and individual members shall be determined from time to time.

Individuals – Please include a short statement regarding why you wish to join and a copy of your resume or bio

* * * PLEASE NOTE : DO NOT PROVIDE PAYMENT AT THIS TIME * * *

Notification of payment (\$10.00 p.a) options will be issued to approved applicants once their membership has been formally ratified by the GYMHA Board.

I acknowledge that prior to signing this application I have read and agreed with the constitution and rules of the GYMHA.

I also acknowledge that I am in agreement with the statement of purposes attached to it.

In the event of admission to the Association as a member, he / she / it agrees hereby to be bound by the Constitution and Rules of the Association for the time being in force.

Signed

Chief Executive Officer _____ Membership Director _____

Individual Applicant _____

