

# GHANAIAN WELFARE ASSOCIATION (GHAWEA)

## Application to join GHAWEA

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

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Home Telephone number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Are you employed or unemployed? What is your profession?

Reason for wanting to join GHAWEA

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### Refer a friend to GHAWEA!

Do you have a friend who you think may want to know about the services we provide? If so, please write their contact details here.

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