

**PUBLIC HEALTH ASSOCIATION OF GHANA-MEMBERSHIP FORM**

**Title:** Prof. Dr. Mr. Mrs. Ms. Other..... (Please specify)

Surname..... First Name.....

Other.....

**Sex (please tick v)**

- Male
- Female

**Profession**.....

**Contact Address**.....

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**Telephone number (s)**....., ....., .....

**E-mail address**.....

**Please indicate if you want to join PHAG (please tick v)**

- Yes
- No

**Any comments/suggestions/inquires**.....

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For further inquiries, please contact 0244 322 843, 0243 138 219, 0244 767 757, 0244 890 419 Or GHS

HQ office, near Tema Station-Accra or on 0302 662014

Send completed forms to the following address: [infogpha2011@gmail.com](mailto:infogpha2011@gmail.com) or [george.amofah@ghsmail.org](mailto:george.amofah@ghsmail.org)