

GEF Membership Application Form

Surname.....First name Middle name

Contact address:

Telephone No:

Cellphone No:

Email address:

Membership No.:

Payment Receipt:

Membership Category (membership dues may be paid in GHC or foreign currency). Tick box as necessary

Dues

- | | | |
|--------------------------|------------------|-----------------|
| <input type="checkbox"/> | Platinum | GHC 2,500.00/yr |
| <input type="checkbox"/> | Diamond | GHC 2,000.00/yr |
| <input type="checkbox"/> | Gold | GHC 1,500.00/yr |
| <input type="checkbox"/> | Silver | GHC 1,000.00/yr |
| <input type="checkbox"/> | Bronze | GHC 500.00/yr |
| <input type="checkbox"/> | Ordinary members | GHC 50.00/yr |

Student members

- | | | |
|--------------------------|-------------------------------|--------------|
| <input type="checkbox"/> | 1 st Cycle schools | GHC 1.00/yr |
| <input type="checkbox"/> | 2 nd Cycle schools | GHC 5.00/yr |
| <input type="checkbox"/> | 3 rd Cycle schools | GHC 10.00/yr |

Account Name: Ghana Eye Foundation

Account number 1101 29297 0115 Account type GHC

Account number 1101 29297 0212 Account type USD

ECOBANK Ghana Ltd
Head Office Branch
19, Seventh Avenue
Ridge West
Accra

All monies should be paid to Ghana Eye Foundation by cheque (crossed) to the Honorary Treasurer GEF, c/o Eye Care Unit, Ghana Health Service, Headquarters, Accra; or by direct transfer to our Bankers ECOBANK Ghana Ltd as shown above.