



HOPE FOR SICKLE CELL FOUNDATION (UG)

MEMBERSHIP FORM

Name: (Mr. /Mrs.)

(Use a tick) Male: ☐

Female: ☐

CONTACT INFORMATION

Personal Tel: Home Telephone No:

Emergency Mobile No: (*compulsory*) Postal Address: (*if any*)

Email Address 1. : (*compulsory*)

Email Address 2.

RESIDENTIAL INFORMATION

Current Residential Address:

TYPE OF MEMBERSHIP

Ordinary / Individual: ☐ Amount Paid / Item:

Honorary: ☐ Amount Paid / Item:

Company: ☐ Amount Paid / Item:

AMOUNT PAID FOR REGISTRATION

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RIGHTS AND DUTIES OF MEMBERS:

1. All members shall be registered.
2. All members shall enjoy the facilities and opportunities of HOSFO in accordance with the rules and regulations governing the use of such facilities and opportunities.
3. All ordinary members shall pay registration fees and annual subscription as shall be fixed and reviewed from time to time by the board and approved by the General Assembly.
4. Honorary members and employees of HOSFO shall not be voted in offices of HOSFO but are entitled to attend and deliberate in the General Assembly.
5. All ordinary members are entitled to vote and be voted into the offices of HOSFO.
6. Elected officials shall serve for a maximum of two terms, each of three years.
7. All members shall attend meetings regularly and shall actively participate in the activities of HOSFO at various levels and capabilities as duty may call upon.
8. Any member of HOSFO may come up with a project under its auspices and which is in line with the objectives of the company. Such a project shall be sanctioned by the board before its commencement and shall follow the regulations and guidelines of the company.
9. All members shall abide by this Article of Association and any subsequent amendments.

AGREEMENT AND SIGNATURE

I Confirm and Understand that:

- a) I am aged 18 or over
- b) All information supplied is true.
- c) If any of the supplied information is false or misleading, my membership can be terminated.
- d) By signing this document, I agree to abide by the conditions of membership as laid out in the Hope for Sickle Cell Foundation (UG) constitution.

SIGNATURE:	
DATE:	

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THANK YOU FOR COMPLETING THIS APPLICATION FORM AND YOUR
INTEREST IN BECOMING A MEMBER OF HOPE FOR SICKLE CELL
FOUNDATION (UG)

OFFICIAL USE ONLY

Received by ----- Date:-----

SIGNATURE : ----- STAMP: -----

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