



C/o The Ghana National  
Cleaner Production Centre  
P. O. Box As 11, Ashaiman.  
Location: Property No. INST/A/266  
at Community 22 on Afariwa Road.  
Adjacent Community 22 Police Station.  
+233 30 397 2583  
info@biogasassociationgh.org  
www.biogasassociationgh.org

**INDIVIDUAL & STUDENT  
MEMBERSHIP REGISTRATION FORM**

*(Tick membership category)*

I wish to apply as: Individual  Student  member of BAG.

**Passport  
picture**

**MEMBERSHIP FEES:**

1. Individual fees: GH¢200.00
2. Student fees: GH¢60.00

*Membership fee should be paid into the Association's bank account "Account name: Biogas Association of Ghana; Account number: 2410406026712, Branch: Dzorwulu branch of the Fidelity Bank". Please submit recipes along with registration form and registration fee of Ghc50 for individual members, Ghc20 for student members to the BAG office at EPA, community 22, Afariwaa, Tema.*

**PERSONAL INFORMATION (To be filled by Individual or Student Members)**

Please tick the relevant box: Dr.  Mr.  Mrs.  Ms.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

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

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

If Student, write study level & field: \_\_\_\_\_

\_\_\_\_\_

Name & Address of Institute: \_\_\_\_\_

\_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about the Association?: \_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_ certify that the information provided above is valid and shall be held personally responsible for its authenticity and shall bear any consequences for any invalid information provided.

I promise to abide by all rules and regulations of the Biogas Association of Ghana at all times.

I also accept that at any point in time if I go contrary to any of the rules and regulations of the Association, the necessary sanctions shall be meted out to me.

Date: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

**OFFICIAL USE ONLY**

Membership granted      Yes                       No

Membership No: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

Officer Receiving Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_