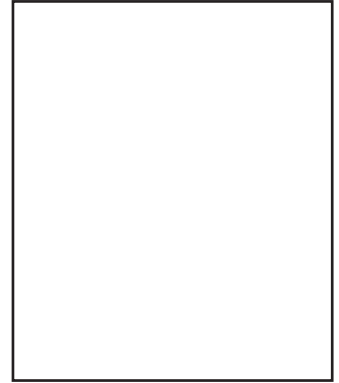




GHANA ASSOCIATION OF CERTIFIED MEDIATORS AND ARBITRATORS (GHACMA)

Location Address: Opposite Regal Chinese Restaurant. | P. O. Box CT 1369, Cantonments
No. F530/1 5th Lane, Osu-RE, Accra. | Email: info@ghacma.org | Tel: 0289108353 | www.ghacma.org

MEMBERSHIP REGISTRATION FORM



A. PERSONAL DETAILS

NAME: (Prof./Dr./Mr./Mrs./Ms.) _____
(SURNAME) (OTHERS)

DATE OF BIRTH	/	/	/
	D	M	Y

NATIONALITY _____ TEL. _____

MOBILE _____ EMAIL _____

B. ACADEMIC/ADR QUALIFICATIONS

INSTITUTION	PROGRAMME/ COURSE TITLE	CERTIFICATE AWARDED	YEAR OBTAINED
1			
2			
3			
4			
5			

PLEASE ATTACH COPIES OF CERTIFICATES. YOU MAY ALSO ATTACH OTHER RELEVANT TRAINING(S)
NOT LISTED HERE ON A PRINTED SHEET.

A. EMPLOYMENT DETAILS

Present Position/Title _____
To Whom Responsible _____
Date of Appointment _____
Organisation _____
Address _____
Telephone _____
Nature of Business _____

B. INFORMATION ON PRACTICE

PLEASE LIST YOUR PREVIOUS ADR APPOINTMENTS (STARTING WITH EARLIEST)

1. _____
2. _____
3. _____

C. CONTACT PERSON

NAME _____
ADDRESS _____
TEL _____ MOBILE _____ EMAIL _____

D. APPLICANT

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

I HEREBY

A. RECOMMEND APPLICANT FOR MEMBERSHIP FOR THE CATEGORY OF

- 1. STUDENT
- 2. ASSOCIATE
- 3. ACCREDITED
- 4. FELLOW

B. DO NOT RECOMMEND APPLICANT FOR MEMBERSHIP

PLEASE STATE REASON FOR (B) ABOVE _____

SIGNATURE OF OFFICER _____ DATE _____