



MEMBERSHIP APPLICATION FORM

(Please complete and return to the Secretary)

CONFIDENTIAL

SURNAME: TITLE: (Mr/Mrs/Miss/Dr, etc.)
FIRST NAME(S): DATE OF BIRTH:
ADDRESS:
..... COUNTRY:
TELEPHONE NO..... E-MAIL:
NATIONALITY

Have you previously been a member of Voluntary Workcamps Association of Ghana (VOLU)?

Yes / No If yes, please indicate your Camp Name (if any):

How did you first hear about VOLU International Organisation?

I hereby apply for membership of VOLU International Organisation.

I share the organisation's aims and objectives and agree to abide by its rules and regulations.

I attach membership application fee of £10.00

(Cheques should be made payable to Volu International Organisation)

I understand that membership may be refused or withdrawn (if already granted) without refund of any fee paid, if information provided on this application form is found to be falsely given.

SIGNATURE DATE

PLEASE INDICATE BELOW SOMEONE YOU WISH TO RECOMMEND FOR MEMBERSHIP:

NAME TEL NO

ADDRESS

For Office Use Only

Date Received:

Fee Paid:

Membership No:

Checked:

Acknowledged:

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