

WELLS OF HOPE MINISTRIES

Membership Application Form

(All information is to kept in strict confidence)

Date _____

Names in Full _____

Sex _____

Marital Status _____

Telephone Contacts _____

Postal Address _____

Email Address _____

Preferred method of correspondence _____

Preferred Language of correspondence _____

Other _____

District of residence _____

Country _____

Occupation _____

Religion _____

How did you come to know about Wells of Hope (Briefly Explain)

Part 2: MEMBERSHIP FEES / ANNUAL SUBSCRIPTION (See explanation below)

Membership Categories	✓ (tick appropriate)
Full Membership	
Student Membership	
Associate Membership	
Organisation/church membership	

Note:

Wells of Hope Board of Directors will approve all members.

Wells of Hope Membership/ Annual subscription Fees

Category	Amount
a) Full Membership	15,000
b) Student Membership	5,000
c) Associate membership	10,000
d) Organization/ Church/Company membership	100,000

Note: Fee is payable after approval

Signature of applicant _____

Registered members will receive information regarding Wells of Hope activities.

Part 3: APPROVAL SECTION (*To be filled in by the board*)

Action taken (<i>tick appropriate</i>)	Approved	Not approved	Other
Fees payable (U shs.)			
Comments			

APPROVED BY:
THE SECRETARY (*On behalf of the board*)

Name	Signature	Date

Thank you for your interest to serve with us.