



INSTITUTE OF DIRECTORS - GHANA

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Passport Size
Photograph

Professional Course/Membership Application Form

1. Surname _____ Prof/Dr/Rev/Mr/Mrs/Miss _____
2. Other Names _____
3. Gender: Male Female
4. Name of Business _____
5. Business Address _____
6. Position _____
7. Telephone _____
8. Fax No _____
9. Company E-mail address _____
10. Educational Background:

Institution

Period

Qualification

_____	_____	_____
_____	_____	_____

11. Work Experience

Organization Position	Period	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Residential Address _____

13. Telephone No _____ Fax _____

14. Cell Phone No _____

15. E-Mail Address _____

16. Marital Status: Married Single
Divorced Separated Widowed

16. Date of Birth _____

17. Why do you want to undertake this course?

18. Payment of Fees: Self-Financing Sponsored

19. If sponsored state name and address of sponsor

Applicant's Signature _____

Date _____

Course Director's Signature _____

Date _____

FOR OFFICE USE

MEMBERSHIP DETAILS

ADMITTED: YES

NO

DATE OF ADMISSION _____

MEMBERSHIP NO _____