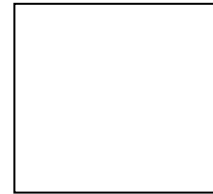


# INSTITUTE OF DIRECTORS - GHANA



P.O.Box GP 20372 Accra, Ghana West Africa    **Mobile:** +233(0)554750189/0268112791/0208112791  
**E-mail:** [info@iodghana.com](mailto:info@iodghana.com)    **Website:** [www.iodghana.com](http://www.iodghana.com)



Picture

## Professional Course/Membership Application Form

1. Surname \_\_\_\_\_ Mr/Mrs \_\_\_\_\_
2. OtherNames \_\_\_\_\_
3. Name of Business \_\_\_\_\_.
4. Business Address \_\_\_\_\_
5. Position \_\_\_\_\_
6. Telephone \_\_\_\_\_
7. Fax No \_\_\_\_\_
8. Company E-mail address \_\_\_\_\_

9. Educational Background:

Institution	Period	Qualification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Work Experience

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

11. Residential Address \_\_\_\_\_

12. Telephone No \_\_\_\_\_ Fax \_\_\_\_\_

13. Cell Phone No \_\_\_\_\_

14. E-Mail Address \_\_\_\_\_

15. 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\_\_\_\_\_