



GHANA INTEGRITY INITIATIVE (GII)

(LOCAL CHAPTER OF TRANSPARENCY INTERNATIONAL)

MEMBERSHIP FORM

GII/DOCS/01

CODE NO:.....

1. SURNAME.....
2. OTHER NAME (S).....
3. OCCUPATION/PROFESSION.....
(IF RETIRED STATE PRESENT ACTIVITY)
4. BUSINESS ADDRESS.....
(NOT P.O. BOX OR P.M.B)
5. POSITION.....
6. HOME ADDRESS (INCLUDE TELEPHONE, FAX, E-MAIL ETC.)
.....
.....
7. PERSONAL STATUS.....
8. STATE OTHER ASSOCIATION & NGOS TO WHICH YOU BELONG GIVING
DETAILED ADDRESSES.....
.....
.....
.....
9. POSITION(S) HELD IN THE ORGANISATION(S)
.....
.....
.....
10. LOCAL CHAPTER..... ZONE.....
11. NATIONALITY.....

INTRODUCED BY.....

.....
.....
.....
(NAME, POSITION IN GII, ADDRESS)

12. RECOMMENDED BY:
NAME.....
POSITION.....
(Trustee/Executive Member)

ADDRESS
.....
.....
.....

WOULD YOU LIKE TO BE ACTIVE WITHOUT MONETARY REWARD AS:-

A RESOURCE PERSON/TRAINER	YES	NO
A FACILITATOR	YES	NO
A RESEARCHER	YES	NO
A RAPPORTEUR	YES	NO
A GENERAL VOLUNTEER	YES	NO

I.....(FULLNAME)
PROMISE TO ABIDE BY ALL GII CONVENTIONS AND BECOME AN ISLAND OF INTEGRITY ON SIGNING THE PLEDGE.

CONDITIONS

- A. I SHALL RESIGN MY MEMBERSHIP OR ACCEPT ANY SANCTION IMPOSED BY THE APPROPRIATE AUTHORITY OF GII IF I CONTRAVENE THE PLEDGE
- B. I ACCEPT TO PAY THE REGISTRATION AND ANNUAL FEES AS FIXED BY THE AGM AND TO SIGN THE PLEDGE.
- C. ATTACH THE FOLLOWING:
 - I. CURRICULUM VITAE (CV) MAXIMUM 2 PAGES
 - II. POLICE REPORT/SECURITY CHECK
- D. GII RESERVES THE RIGHT TO DENY MEMBERSHIP TO ANY APPLICANT OR TO WITHDRAW MEMBERSHIP FROM ANY MEMBER.

.....
SIGNATURE OF APPLICANT AND DATE

APPROVED BY REGIONAL/LOCAL CONTACT PERSON

.....
FULL NAME AND SIGNATURE

DATE.....

ENDORSED BY EXECUTIVE

.....
FULL NAME AND SIGNATURE OF CHAIRPERSON/SECRETARY

DATE.....

ADMISSION BY NATIONAL EXECUTIVE COMMITTEE

.....
FULL NAME AND SIGNATURE OF AUTHORISING OFFICER

DATE.....