



Ghana Employers' Association

APPLICATION FOR MEMBERSHIP

By completing this form, you are agreeing to become a member of the Ghana Employers' Association (GEA). Please ensure that all the information provided is accurate.

I. PARTICULARS OF ORGANIZATION

Name of Company/Organization:.....

Office Address:

Postal Address:.....

Company Registration No.

Type of Business: Private Owned [] Public [] Other []

II. CONTACT INFORMATION

CEO/MD Email:.....

Human Resource Email:

Account Department Email:

General Email:

Telephone No.

Website:

II. MAIN ACTIVITIES

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.....
.....

III. INDUSTRY/TRADE GROUP.....

IV. EMPLOYEE RELATED INFORMATION

Number of employees:..... Estimated Turnover (in GH¢).....

Unionization Yes [] No []

V. DECLARATION

I, the undersigned on behalf of my company/organization hereby apply for membership of the Ghana Employers' Association (GEA) and undertake to abide by the Rules of the Association as outlined in the Constitution. I declare that the information provided is accurate.

Name of Applicant:

Signature of Applicant:

Designation:

Date:.....

VI. SUBMISSION OF APPLICATION FORM

Duly completed application form is to be returned to the GEA Secretariat for onward processing.

VII. OFFICIAL USE ONLY

PROPOSED BY:
SECONDED BY:
DATE RECEIVED:
CATEGORY:
ANNUAL SUBSCRIPTION:
.....
OFFICIAL STAMP

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