



TOURISM SOCIETY OF GHANA

MINISTRY OF TOURISM, ARTS AND CULTURE

Direct Line: 0302-944637, 0244-927017
Loc: Centre for National Culture,
Arts Centre - Accra.

Email: tosogha@gmail.com
Website: www.tourismsocietyofghana.com

MEMBERSHIP REGISTRATION FORM (BASIC/SHS/TVET)

A. APPLICANT'S PERSONAL DETAILS

Surname: Other Name(s):

Gender: Male Female Date of Birth: Place of Birth:

Address:

Nationality: Home Town:

Name of School:

Town/District/Region:

Form/Class: Course:

B. PARENT/GUARDIAN DETAILS

Fathers Name: Occupation:

Mothers Name: Occupation:

Address: Contact Nos:

E. DECLARATION BY PARENT/GUARDIAN

I certify that all information on this form are correct and we give our consent for our ward to be a member of the tourism club

Name: Signature/Date:

E. DECLARATION BY TEACHER OR HEAD OF SCHOOL

I certify that all information on this form are correct

Name:

School Address: Signature:

OFFICIAL USE ONLY

School Coordinator (Name/Sign/Date):

District Coordinator (Name/Sign/Date):

