



EVENT VENDORS ASSOCIATION GHANA (EVAG)

REGISTRATION FORM



ALL FIELDS MARKED ARE REQUIRED

Name:

Date of Birth:

Phone Number:

Address:

Street Address:

City:

Region:

Postal Address:

Email Address:

Position:

Tin Number:

Website:

SOCIAL MEDIA ACCOUNTS

Facebook

Instagram

Twitter

COMPANY INFORMATION

Name of Company:

Address:

Street Address:

City:

Region:

Postal Address:

How long?

Phone Number:

Email:

EMERGENCY CONTACT INFORMATION

Type of membership:

Full Associate Intern

Name of relative not residing with you:

Address:

Street Address:

City:

Region:

Phone Number: