GHANA UNION MIDLANDS

THE REGIONAL UMBRELLA BODY FOR GHANAIAN GROUPS IN THE MIDLANDS REGION

GROUP MEMBERSHIP REGISTRATION FORM

All prospective members of GUM are required to complete this registration form accurately as possible.

Please note: Membership runs from 1st January - 31st December each year.

Indicate as:

- ☐ **New Membership**
- ☐ **Renewal**

SECTION 1: ORGANIZATIONAL DETAILS

Name of Group	
Communication Address	
Line1	
Line 2	
Line 3	
Post Code	
Telephone Number	
Mobile Telephone	
E-mail Address	
Website	

SECTION 2: CONTACT DETAILS OF KEY PERSONNEL

Name of Chair or President of Group	
Telephone Number	
Mobile No	
Email address	
Name of Secretary of Group	
Telephone Number	
Mobile No	
Email address	
Name of Treasurer or Financial Secretary of Group	
Telephone Number	
Mobile No	
Email address	

SECTION 3: YOUR GROUP PROFILE

1. When was your group established?			

2. Do you have a signed governing document, for example, constitution publicly available?
Yes ☐ **No** ☐

3. Is your group *(please tick the most appropriate box bleow)*

Not Registered ☐
Incorporated ☐
Unincorporated ☐

4. **Is your group registered with any regulatory body in the UK? Yes ☐ No ☐**

5. If yes, please state:

Regulatory Body | **Registration No**

6. Do you have elected officers in place? Yes ☐ No ☐

7. What are the main activities of your group?

8. What is the main client or target of your group?

9. What is the size of your membership *(Please check most appropriate box)*

10 – 30 ☐ 31- 50 ☐ 51- 70 ☐ 71-100 ☐ 101- 130 ☐ Over 131 ☐

SECTION 4: DECLARATION

I hereby confirm that the information I have provided on behalf of the ……. for GUM membership is truthful and accurate to the best of my knowledge. In consideration of our group's membership being accepted, we expressly accept membership into the GUM and that our group shall abide by the rules and regulations of GUM membership. We understand that our membership is not valid until approved by the GUM Trustees.

Name:

Signature: **Date:**

For and on behalf of

SECTION 5: FOR OFFICE USE ONLY

Please indicate whether:	☐ New Application ☐ Renewal
Date membership form received	
Date group accepted as a member	

NOTES