Tel: 030-263-1343
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P. O. Box 119, Accra
Location: Supreme Court
Building, Accra

JUDICIAL SERVICE STAFF ASSOCIATION OF GHANA (JUSAG)

MEMBERSHIP ENROLLMENT (RECORDS UPDATE) FORM

BIODATA Attach copy of Ghana Card. Picture Code:……..

FIRST NAME:_____

OTHER NAME(S)_____

DATE OF BIRTH:___/____/_____PLACE OF BIRTH:_____

REGION OF BIRTH:_____NATIONALITY:_____

SPOUSE NAME (if any):_____SPOUSE CONTACT:_____

NEXT OF KIN NAME:_____CONTACT:_____

T-SHIRT SIZE: **M** ☐ **L** ☐ **XL** ☐ **XXL** ☐ **XXXL** ☐

ADDRESS

HNo. /Digital Address:_____Area/Landmark_____

TOWN:_____REGION:_____

POSTAL ADDRESS:_____

_____

TEL NO.:_____WHATSAPP NO.:_____

EMAIL ADDRESS:_____

OCCUPATION

STAFF ID:_____GHANA CARD No.:_____

SSNIT No.:_____APPOINTMENT DATE:____/_____/_____

CURRENT RANK:_____JOB TITLE:_____

CURRENT POSTING (UNIT/REGISTRY)_____

TOWN (POSTING_____REGION (POSTING) :_____

DECLARATION

I _____hereby declare that the information provided above about me are true, correct and accurate to the best of my knowledge and ability. I hereby agreed to be admitted and/or have my records updated as a member of The Judicial Service Staff Association of Ghana (JUSAG). I hereby further agreed to be bound by the Constitution and other Laws, Policies, Philosophies and Regulations of JUSAG.

…… ……

SIGNATURE DATE

*Office Use Only:*_____

_____