

**ASSEMBLIES OF GOD, GHANA**  
**FOUNTAIN OF GLORY**  
**EAST AIRPORT**  
**HOPE AND RESTORATION WELFARE SCHEME**

**Basic Information Sheet**

**Membership Information**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Hometown: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse Phone No. \_\_\_\_\_

**Employment Details**

Status: \_\_\_\_\_

Employment type: \_\_\_\_\_!  
*(Self Employed)* *(Civil Servant)*

Current Employer: \_\_\_\_\_

**Other Beneficiary Information (For Insurance Purposes Only)**

Father \_\_\_\_\_

Mother \_\_\_\_\_

Spouse \_\_\_\_\_

**Children (below 18) (4)**

**Name(s)**

1 \_\_\_\_\_ Age \_\_\_\_\_

2 \_\_\_\_\_ Age \_\_\_\_\_

3 \_\_\_\_\_ Age \_\_\_\_\_

4 \_\_\_\_\_ Age \_\_\_\_\_

**Information on In-Laws (FATHER/MOTHER)**

**Name(s)**

1 \_\_\_\_\_ Dead \_\_\_\_\_ Alive \_\_\_\_\_

2 \_\_\_\_\_ Dead \_\_\_\_\_ Alive \_\_\_\_\_

**Emergency Contact Information**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

=====*Official use only*=====

Remarks: \_\_\_\_\_

\_\_\_\_\_

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