



Please insert
picture here

GHANA NATIONAL ASSOCIATION OF TEACHERS

PICTURE CATRIDGE NO:

PICTURE NO.:

1. FULL NAME:
(SURNAME) (OTHER NAMES)

2. REGISTERED NUMBER:

3. DATE OF BIRTH:.....

4. HOME ADDRESS:.....

5. DISTRICT:.....

6. REGION:.....

7. NEXT OF KIN:.....

8. RELATIONSHIP:.....

9. DATE OF APPOINTMENT:.....

10. STAFF NUMBER :.....

11. SSF NUMBER:.....

12. TF ID NO.:.....

13. MEMBERSHIP NO:.....

14. OFFICE/SCHOOL ADDRESS:.....

15. PRESENT RANK:.....

16. SIGNATURE OF GENERAL SECRETARY:.....

17. SIGNATURE OF GENERAL :.....

18. I voluntarily declare to be a member of GNAT and confirm my membership with GNAT

SIGNATURE OF HOLDER