

**MISSIOLOGICAL SOCIETY OF GHANA  
TRINITY THEOLOGICAL SEMINARY, LEGON**



**MEMBERSHIP REGISTRATION FORM**

**TITLE:** (Rev. Prof. / Prof. /Rev. Dr./Rev./Pastor/Dr./Mr./Mrs./Ms).....

**NAME:** .....**SEX:** (M/F).....

**NATIONALITY:**.....

**INSTITUTION:** .....

**POSTAL ADDRESS:** .....

**NAME OF CHURCH**.....

**OFFICE LOCATION:** .....

**RESIDENTIAL ADDRESS:** .....

**EMAILADDRESS:**.....

**PHONE #:** .....

**MEMBERSHIP TYPE:**

Full Member(GHC100/\$50)  Associate (Student) Member (GHC50/\$20)

Life Member (GHC5,000/\$2,000)

**PAYMENT DETAILS:**

BANK: ECOBANK  
ACCOUNT #:  
BRANCH: A &C MALL, EAST LEGON  
ACCOUNT NAME: MISSIOLOGICAL SOCIETY OF GHANA

**FURTHER INFORMATION:**

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0202049404