



MEMBERSHIP APPLICATION FORM

(Kindly fill this form in **BLOCK LETTERS** through out)

Title: Prof. Dr. Mr. Mrs. Ms. Other

Full Name

_____/_____
First Name Surname

Address _____/_____
Street / Box City

Country _____ Town _____ Sex: Female Male

Tel _____ Email _____

Business / University / College _____

Job Title _____ Address _____

Tel _____ Email _____

Website _____

Membership Subscription Fees - Annually (*Please Tick*)

Individual Membership Gh¢ 100 Corporate Membership Gh¢ 500

Signature

Date

Office use

The completed application form should be submitted via email to itfpg@gmail.com or to any institutional representative

Payment should be made to the **Institute of Textiles and Fashion Professionals**. Mobile money number: **0246620801**
or Momo Pay ID: **47414**



STUDENT MEMBERSHIP APPLICATION FORM

(Kindly fill this form in **BLOCK LETTERS** through out)

Title: Mr. Mrs. Ms. Other

Full Name

_____/_____
First Name Surname

Address _____/
Street / Box City

Country _____ Town _____ Sex: Female Male

Tel _____ Email _____

Business / University / College _____

Course of Study _____ Address _____

Tel _____ Email _____

Website _____

Membership Subscription Fees - Annually

Individual Membership Ghc 50

Signature

Date

Office use

The completed application form should be submitted via email to itfpg@gmail.com or to any institutional representative

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