

PRIMARY MEMBER	
Name, First Name:	
Date of Birth / Sex	
Street No.	
City State:	
Country:	
Nationality:	
Phone No.	
Mobile No.	
Fax No.	
Email:	
Blood type:	

Next of Kin to Notify in Case of Emergency (beside family members)	
Name, First Name:	
Street No.	
City State:	
Country:	
Phone No.	
Mobile No.	
Fax No.	

Health Insurer	
Policy Number	
Country	
Phone No.	

Repatriation Insurer	
Policy Number	
Country	
Phone No.	

Spouse / Husband	
Name, First Name	
Nationality	
Mobile No.	
Email:	
Blood type	
Allergies	
Date of Birth / Sex	

Child 1	
Name, First Name:	
Nationality	
Mobile No.	
Email:	
Blood type:	
Allergies	
Date of Birth / Sex	

Child 2	
Name, First Name:	
Nationality	
Mobile No.	
Email:	
Blood type:	
Allergies	
Date of Birth / Sex	

Child 3	
Name, First Name:	
Nationality	
Mobile No.	
Email:	
Blood type:	
Allergies	
Date of Birth / Sex	

PLEASE SEND THIS FORM VIA EMAIL TO help@westafrican-rescue.com
YOUR MEMBERSHIP-DETAILS TOGETHER WITH THE INVOICE WILL BE
DELIVERED WITHIN THE NEXT 5 DAYS:

Thank You For Your Membership With *WARA* !



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help@westafrican-rescue.com
<http://www.westafrican-rescue.com>

Contact in Ghana:
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PMB CT 266
Cantonments P.O.
Accra/ Ghana
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