



COMMUNITY OF PRACTICE IN VOLTA RIVER AUTHORITY

INDIVIDUAL MEMBERSHIP REGISTRATION FORM

1. Full name (surname first):

2. Gender: Male [] Female []

3. Branch:

4. Department:

5. Section:

6. Staff Number:

7. E-mail address(es):

8. Telephone number(s): Office

Mobile:

9. Profession:

10. Category of membership desired:

a) Thermal Generation CoP []

e) Electricity Distribution CoP []

b) Healthcare CoP []

f) Hydro Generation CoP []

c) Reward Management CoP []

g) Legal CoP []

d) Project Management CoP []

Affix

Passport

Picture

Share, collaborate and learn