

LINGUISTICS ASSOCIATION OF GHANA (LAG)

MEMBERSHIP APPLICATION FORM

I, the undersigned, apply for membership of the Linguistics Association of Ghana. I have read and agree to abide by the Constitution of the Linguistics Association of Ghana.

Name:	
Title:	
Institutional Affiliation:	
Postal Address:	
Email Address:	
Telephone Number:	

Please select the type of membership you require by placing a cross in the appropriate box.

Regular Member:	
Student Member:	
Honorary Member:	

Please provide the name and contact details of one referee.

Name of Referee:	
Postal Address:	
Email Address:	
Signature:	

Date:

Signature of Applicant:

Bank: GCB, Name: Linguistics Association of Ghana, Number: 1361130002333, Branch: Kesseiman

Contacts: Prof. (Mrs.) Nana Aba Anfo <nanaamfo@gmail.com>, Dr. (Mrs.) Jemima Anderson <jegyening2000@yahoo.com>, Dr. Charles Marfo <cmarfo@gmail.com>, Ms Regina Oforiwaa Caesar <oforiwaregina@yahoo.com>