



# AYEF

Making Your Business a Reality



+233 506 562 811



info@ayefghana.org



CK Road, R858

## AYEF MEMBER REGISTRATION FORM

*Adonai Young Entrepreneurs Fund (AYEF)*

*"Making Your Business a Reality"*

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### SECTION 1: PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

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### SECTION 2: NATIONAL IDENTIFICATION

ID Type (tick one):

☐ Ghana Card

☐ Passport

☐ Driver's License

☐ Voter's ID

ID Number: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Expiry Date (if applicable): \_\_\_\_\_

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### SECTION 3: BUSINESS INFORMATION

Business Name (if any): \_\_\_\_\_

Type of Business: \_\_\_\_\_





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Stage of Business (tick one):

☐ Idea only      ☐ Early-stage      ☐ Running Business      ☐

Transitioning from Employment

Brief Description of Business/Idea (2–3 lines):

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## SECTION 4: CONTRIBUTION CATEGORY

Please select your preferred monthly contribution level:

☐ Category A – GHS 5,000/month

☐ Category B – GHS 2,000/month

☐ Category C – GHS 1,000/month

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## SECTION 5: EMERGENCY CONTACT

Full Name: \_\_\_\_\_

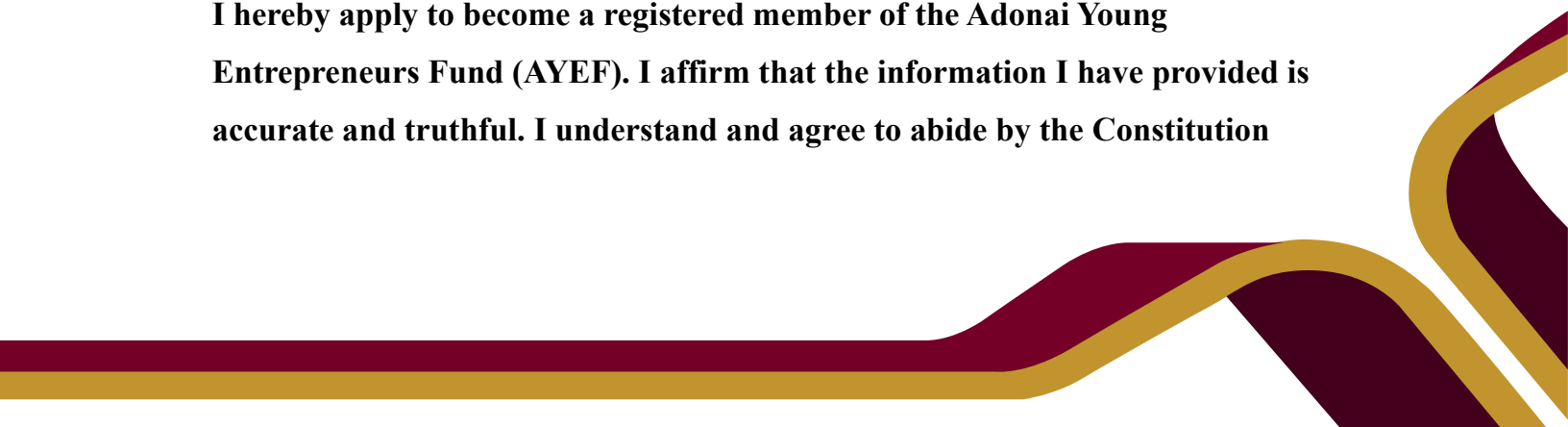
Relationship to You: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## SECTION 6: MEMBER DECLARATION

**I hereby apply to become a registered member of the Adonai Young Entrepreneurs Fund (AYEF). I affirm that the information I have provided is accurate and truthful. I understand and agree to abide by the Constitution**





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**and Membership Agreement of AYEF. I understand that I must contribute monthly and participate actively to maintain my membership.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

