



AGRICULTURAL MEDICAL AID SOCIETY

AGRIMED HOUSE
 44 McChlery Avenue, Eastlea
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STUDENT FARMER
 Medical Aid Package

APPLICATION FOR MEMBERSHIP

New Applicants Only

BLOCK A: COLLEGE DETAILS

Name of College:
College Address:

BLOCK B: STUDENT DETAILS

Surname:	First Name:	Initials:	Sex:	F	M				
ID Number	Date of Birth						Race:		
	Day		Month		Year				
	D	D	M	M	Y	Y	Y	Y	Religion:
Residential Address:					E-mail:				
					College Tel: Code		No:		
					Home Tel: Code		No:		
Membership Commencement Date:					Cell:				

BLOCK C: PLEASE INDICATE YOUR FACULTY AND YEAR OF COMPLETION:

FACULTY:	YEAR OF COMPLETION FROM.....TO.....
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BLOCK D: ELECTRONIC FUNDS TRANSFER

NAME OF BANK OR BUILDING SOCIETY..... BRANCH.....

BRANCH CODE

 A/C NO.:

Should the Fund erroneously deposit money into my account I hereby authorise the Fund to deduct such money from my account

BLOCK E: FAMILY MEMBERS TO BE INCLUDED (attach extra sheet of paper if required)

First Name	Surname	Date of Birth								Sex	Relationship to Member	Name of Doctor
		D	D	M	M	Y	Y	Y	Y			

BLOCK F: MEDICAL HISTORY: Have you / your spouse / any of your dependents suffered from any of the following:

Cancer	Psychiatric Conditions	Hypertension	Diabetes	Leprosy
Renal Disease	Cardio-vascular Problems	Epilepsy	Asthma	Other: (please state)

If any of the above applies or if other condition is present please give details of condition, when it was first diagnosed and any treatment being taken.

Name and address of Doctor:.....

BLOCK G: DECLARATION AND SIGNATURE

I hereby certify that the information given above is correct and true in all respect. I agree that should this application for membership be accepted, the contract between myself and the Society shall be strictly governed by the rules, regulations and benefits, as amended from time to time by the Society. I shall pay contributions in advance at the beginning of each semester. Agricultural Medical Aid Society shall have access to my medical records

Student's Signature.....

Date:.....