

**Sharecare Ghana (Sharecare4u)  
Membership Form**

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

Date of birth: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current (or previous) occupation: \_\_\_\_\_

*Please tick and fill out the category that applies to you.*

- 1) I have an autoimmune and/or neurological disease.

Details of disease \_\_\_\_\_

- 2) I am related to someone with an autoimmune and/or neurological disease.

Details of disease \_\_\_\_\_

How are you related to him/her? \_\_\_\_\_

- 3) I am a caregiver for someone with an autoimmune or neurological disease.

Type of caregiver \_\_\_\_\_

- 4) I would like to support Sharecare Ghana

Type of support: \_\_\_\_\_

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

**Return to/Contact:**            **The Coordinator**  
Sharecare Ghana  
P.O. Box CT 4910  
Cantonments, Accra

**Tel: 020 815 7404**  
**Email: [sharecare4u@gmail.com](mailto:sharecare4u@gmail.com)**  
**Website: [www.sharecare4u.org](http://www.sharecare4u.org)**