

**COUNCIL OF BRONG AHAFO ASSOCIATIONS  
OF NORTH AMERICA (COBAANA)  
GROUP ASSISTANCE PROGRAM (GAP) REGISTRATION  
YEAR \_\_\_\_\_**

**Local State Association: \_\_\_\_\_**

**GAP I.D Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_**

**Name of Member Spouse if Rider: \_\_\_\_\_**

Name \_\_\_\_\_

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Tel. # \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

(If your beneficiary is a Minor at the time of the Benefit payment, power of attorney may be needed)

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Year of State Membership \_\_\_\_\_

Home Town \_\_\_\_\_

Signature: \_\_\_\_\_ (State President) Date: \_\_\_\_\_

**Commissioners Declaration Statement**

**For an acknowledgment as a State commissioner, I certify that, to the best of my knowledge, the supplied information is true, accurate and complete.**

**1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

❖ *By signing this form, you acknowledge receipt of the GAP by-laws and have read the policies.*