



# CATHOLIC ORGANISATION FOR SOCIAL AND RELIGIOUS ADVANCEMENT (COSRA)

## MEMBERSHIP FORM

(WRITE IN CAPITAL LETTERS)

**NAME(S)**

**Q1**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_

**EMAIL**

**Q2**

**CONTACT NUMBER**

**Q3**

**CONTACT ADDRESS (House Number)**

**Q4**

**GPS ADDRESS**

**Q5**

**DATE OF BIRTH**

**Q6**

**GENDER**

**Q7**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day / Month / Year

Male

Female

**MARITAL STATUS**

**Q8**

Single:  Married:  Divorced:  Widower/Widow:

**EDUCATION**

**Q9**

Course of Study \_\_\_\_\_ Award \_\_\_\_\_

**OCCUPATION**

**Q10**

Profession: \_\_\_\_\_ Place of work: \_\_\_\_\_

Professional Certificate: \_\_\_\_\_

**PARISH MEMBERSHIP**

**Q11**

Name of Parish: \_\_\_\_\_

Are you Baptised?  Yes  No

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Are you a communicant?  Yes  No

Date of First Communion: \_\_\_\_\_ Place of First Communion: \_\_\_\_\_

**DEANERY (IF APPLICABLE)****Q12**

Name of Deanery \_\_\_\_\_

**ARCH/DIOCESE****Q13**

- |                                   |  |   |  |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Accra    | <input type="checkbox"/> Kumasi          | <input type="checkbox"/> Tamale           | <input type="checkbox"/> Cape Coast          |
| <input type="checkbox"/> Sunyani  | <input type="checkbox"/> Koforidua       | <input type="checkbox"/> Sekondi/Takoradi | <input type="checkbox"/> Navrongo/Bolgatanga |
| <input type="checkbox"/> Wa       | <input type="checkbox"/> Jasikan         | <input type="checkbox"/> Obuasi           | <input type="checkbox"/> Keta – Akatsi       |
| <input type="checkbox"/> Techiman | <input type="checkbox"/> Konongo/Mampong | <input type="checkbox"/> Goaso            | <input type="checkbox"/> Damongo             |
| <input type="checkbox"/> Yendi    | <input type="checkbox"/> Wiawso          | <input type="checkbox"/> Ho               | <input type="checkbox"/> Donkokrom           |

**MEMBERSHIP****Q14**

Date of Joining COSRA \_\_\_\_\_ Place of Joining COSRA \_\_\_\_\_

Date of Initiation \_\_\_\_\_ Place of Initiation \_\_\_\_\_

**COMMITMENT****Q15**

I ..... of .....  
 branch, joined the Catholic Organisation for Social and Religious Advancement (COSRA) on my own  
 freewill and promise with the help of the Almighty God to abide by the rules and regulations of the  
 organisation. So, help me God.

**MEMBERSHIP SIGNATURE****Q16**

Signature \_\_\_\_\_ Date \_\_\_\_\_

***NB: YOUR MEMBERSHIP SHALL BE RENEWED YEARLY UPON THE PAYMENT OF A PRESCRIBED  
 RETENTION FEE***

**OFFICIAL USE****BRANCH SECRETARY:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEANERY SECRETARY:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ARCH/DIOCESE SECRETARY:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NATIONAL SECRETARY:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_