



PEVAG

PEST AND VECTOR CONTROL
ASSOCIATION OF GHANA



+233 544 433 639



Otele Road,
East Legon - Accra

P.O. Box CT3114
Cantonments, Accra

PEVAG Membership Registration Form

SECTION I

Date:

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Ref. No:

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1.1 Company Name Messrs:

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1.2 Contact Phone Number

1.3 Email:

1.4 Location

1.5 Address:

1.6 District/Municipality/Metropolis

1.7 Region:

1.8 Areas of Operations

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1.9 EPA Licensed Number.....

Part II Declaration

I hereby submit that our company Messrs.:

Will be a full member of PEVAG and agree to abide by its constitution and contribute fully to its activities. Authorized representatives for our company are:

1. Name Designation Phone

2. Name Designation Phone

Name of C.E.O / MD:

Email..... Telephone.....

Signature Date

Pest and Vector Control Association of Ghana (PEVAG)