

**UGANDA NATIONAL ASSOCIATION OF COMMUNITY AND
OCCUPATIONAL HEALTH (UNACOH)**

REGISTRATION FORM

Family Name: Other Names: Title (Mr./Mrs./Ms/Dr./Prof)

Gender: Date of Birth:/...../..... Occupation:

Profession.....

Office Address..... Permanent Address.....

Email..... Tel:..... Mobile..... Fax.....

Scientific Desk (s) of your interest (tick)

- ☐ Maternal Child Health (MCH)
- ☐ Dental Health
- ☐ Rational Drug Use
- ☐ Communicable Disease
- ☐ Environment Health
- ☐ Life Style
- ☐ Occupational Health and Safety
- ☐ Safety Promotion and Injury Prevention
- ☐ Information communication Technology (ICT)
- ☐ Human Resource for Health (HRH)
- ☐ People's Health Movements (PHM)

Administrative Desk(s) of your Interest (tick)

- ☐ Membership & District Activities
- ☐ Government & international Organization Relations
- ☐ International Relations
- ☐ Finance and Fundraising
- ☐ NGOs / Private Sector Relations
- ☐ Publicity & information

Which Other Desk would you like to be formed in the Association.....

Which Health Activities are you Involved in (Tick)

- ☐ Health Care
- ☐ Health Administration
- ☐ Health education
- ☐ Teaching
- ☐ Research
- ☐ Others (Specify).....

I am Remitting ☐ Shs 40,000 Membership Fee (Registration fee)

☐ Shs 40,000 Annual subscription (payable after one year)

District of Registration.....

Signature..... Date...../...../.....