



**ANXIETY SUPPORT AND AWARENESS CENTRE TRUST**

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**AFFILIATE MEMBERSHIP FORM – 2020**

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

Date: \_\_\_\_\_

Highest Level Of Education: \_\_\_\_\_

Profession: \_\_\_\_\_

Name of Organisation: \_\_\_\_\_

**Areas of personal interests and/or specialty: (i.e. Stress Management, Anxiety, Suicide Prevention, Schizophrenia, Bipolar, Substance Abuse, Depression, Dyslexia, Trauma, Grief, Bullying, Self Esteem, Addictions, Panic, Social Phobia, Dementia, OCD, CBT, DBT or Other)**

\_\_\_\_\_

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

\_\_\_\_\_ Code: \_\_\_\_\_

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

Cell Number :( For our own internal office use only) \_\_\_\_\_

Are you happy to do interviews on Radio, TV or social media platform? Yes  No

Are you happy contributing to our literature, magazines or subscribed letters? Yes  No

What topics do you prefer? \_\_\_\_\_

I have deposited my annual membership of ZWL 750.00 or USD50 equivalent into: ECOCASH MERCHANT CODE: 311218 ZASAC or ONEMONEY MERCHANT CODE: 50619 ZASAC NMB Bank Branch Code: 11104 Branch: Eastgate ZWL Acc Number: 0000240173678 Acc Name: Zim Anxiety Support & Awareness  NMB Bank Branch : Eastgate FCA Acc Number: 0000240325489 Acc Name: Anxiety Support & Awareness Trust	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Do you need brochures on any of the following topics (please tick relevant topic):

Anxiety  Autism  Addictions  Bullying  Bipolar  Depression  Dementia  Dyslexia   
 Grief  OCD  Panic  Sleep Disorders  Substance Abuse  Self Esteem  Trauma  Teen Suicide

If you have any enquiries please contact us on

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OR

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