



ANXIETY SUPPORT AND AWARENESS CENTRE TRUST

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**INTERNATIONAL
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 **USD 50** or **EURO 50** into:

SENDING USD:

Bank Name: ODDO BHF BANK
Address: Bockenheimer Landstr,
10 – 60323 Frankfurt am Main
Frankfurt
Germany
SWIFT CODE: BHFB DE FF

Beneficiary Bank:

Account Name: NMB Bank Ltd
Swift Code: NMBLZWHX
Account Number: 100735100
IBAN: DE13 5002 0200 0100 735100
Currency: USD

SENDING EUROS:

Bank Name: ODDO BHF BANK
Address: Bockenheimer Landstr,
10 – 60323 Frankfurt am Main
Frankfurt
Germany
SWIFT CODE: BHFB DE FF

o YES	NO

Beneficiary Bank:

Account Name: NMB Bank Ltd

Swift Code: NMBLZWHX

Account Number: 735100

IBAN: DE13 5002 0200 0100 735100

Currency: EUR

REFERENCE:

NMB Bank

Branch : Eastgate

Acc Number: 0000240325489

Acc Name: Anxiety Support & Awareness Trust

If you need information 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

admin@asactrust.co.zw

OR

members@asactrust.co.zw