



**ANXIETY SUPPORT AND AWARENESS CENTRE TRUST**

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**INTERNATIONAL  
STUDENT MEMBERSHIP FORM – 2020**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Highest Level Of Education: \_\_\_\_\_  
 Job Title: \_\_\_\_\_

**PROFESSIONAL INTERESTS**

- |                        |   |   |   |
|------------------------|---|---|---|
| Psychiatry             | <input type="checkbox"/> Clinical Psychology      | <input type="checkbox"/> Counselling Psychology       | <input type="checkbox"/>                                      |
| Educational Psychology | <input type="checkbox"/> Clinical Neuropsychology | <input type="checkbox"/> Forensic Psychology          | <input type="checkbox"/>                                      |
| Industrial Psychology  | <input type="checkbox"/> Psychiatric Nursing      | <input type="checkbox"/> Community Psychology         | <input type="checkbox"/> Counselling <input type="checkbox"/> |
| Social Work            | <input type="checkbox"/> Palliative Care          | <input type="checkbox"/> Religious Ministry (specify) | <input type="checkbox"/> _____                                |

Other: \_\_\_\_\_

**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 <b>USD 10</b> or <b>EURO 10</b> into:  <b>SENDING USD:</b> Bank Name: <b>ODDO BHF BANK</b> Address: <b>Bockenheimer Landstr,</b> <b>10 – 60323 Frankfurt am Main</b> <b>Frankfurt</b> <b>Germany</b> SWIFT CODE: <b>BHFB DE FF</b>  Beneficiary Bank: Account Name: <b>NMB Bank Ltd</b> Swift Code: <b>NMBLZWHX</b> Account Number: <b>100735100</b> IBAN: <b>DE13 5002 0200 0100 735100</b> Currency: <b>USD</b>	o YES	NO

**SENDING EUROS:**

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: **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](mailto:admin@asactrust.co.zw)

OR

[members@asactrust.co.zw](mailto:members@asactrust.co.zw)