

ANXIETY SUPPORT AND AWARENESS CENTRE TRUST Trust No. MA 0000943

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STUDENT MEMBERSHIP FORM – 2020

Full Name: Date of Birth:				Date:		
Highest Level Of Education: _ Job Title:				_		
PROFESSIONAL INTERESTS						
Psychiatry	Clinical Psychology		Counselling Psychology			
Educational Psychology	Clinical Neuropsychology		Forensic Psychology			
Industrial Psychology	Psychiatric Nursing		Community Psychology		Counselling	
Social Work	Palliative Care		Religious Ministry (speci	fy)		
Other:						
	and/or specialty: (i.e. Stress Managem , Trauma, Grief, Bullying, Self Esteem,	Addictions	, Panic, Social Phobia, De	-		
Address:						
	internal office use only)					
Are you happy to do interviews on Radio, TV or social media platform? Are you happy contributing to our literature, magazines or subscribed letters? What topics do you prefer?				No 🗌 No 🗀		
have deposited my annual membership of ZWL 30.00 or USD2 equivalent into: ECOCASH MERCHANT CODE: 311218 ZASAC or ONEMONEY MERCHANT CODE: 50619 ZASAC NMB Bank				o YES	NO	
Branch Code: 11104 Branch: Eastgate						
Branch: Eastgate ZWL Acc Number: 000024017367	78					
Acc Name: Zim Anxiety Support	& Awareness					
NMB Bank						
Branch: Eastgate						
FCA Acc Number: 000024032548 Acc Name: Anxiety Support & Av						
Anxiety Autism	ny of the following topics (please tick re Addictions Bullying eep Disorders Substance Abo	Bipolar		Demen	tia Dyslexia Teen Suicide	

If you have any enquiries please contact us on

admin@asactrust.co.zw