



## FRIENDS OF ASAC MEMBERSHIP FORM

FULL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: Mr/ Mrs/Ms/Miss/Hon/Dr/ Prof/Fr/Rev/ Sr/Other: \_\_\_\_\_

PROFESSION: \_\_\_\_\_

Postal and/or Physical Address:

\_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

### WHAT DOES ASAC OFFER:

- Telephonic counselling in safe and confidential environment
- Referrals to other effective services for long term interventions
- Training and education for psychological interventions
- Suicide risk assessment
- Public awareness programmes
- Support groups for people directly and indirectly affected with mental health problems
- Outreach programmes
- Subscription to Newsletters, Magazines, Resource Literature

Supporting people living with mental disorders through

Education, Counselling, Awareness, Research, Training and Advocacy

## # You Are Not Alone

Mental health problems can be controlled

Assist individuals to get help early

Early identification of the problem is important

### SUPPORT ASAC

WHAT ARE YOUR AREAS OF PERSONAL INTERESTS AND/OR SPECIALITY:

(i.e. Stress Management, Anxiety, Suicide Prevention, Schizophrenia, Bipolar, Substance Abuse, Depression, Trauma, Grief, Bullying, Self Esteem, Addictions, Panic, Social Phobia, Dementia, Dyslexia, Autism, OCD, CBT, DBT or Other)

### I WOULD LIKE TO SUPPORT ASAC BY

I would like to donate to ASAC's cause through

- VOLUNTEERING  STATE SERVICES: \_\_\_\_\_
- DONATING IN KIND  STATE DONATION: \_\_\_\_\_
- DONATING FINANCIALLY  STATE AMOUNT: \_\_\_\_\_
- OFFERING PROFESSIONAL SKILLS  STATE SERVICES: \_\_\_\_\_

I will do this:

- Weekly
- Fortnightly
- Monthly
- Bimonthly
- Quarterly
- Every 6 months
- Yearly
- Occasionally

### VOLUNTEERING/SPONSORSHIP INTERESTS (highlight your choices)

1. SPONSORING AND DONATING  
(website, printing literature & resources , community outreaches, research, training, education & school programmes, volunteer stipends, ICT, public awareness campaigns, telephone bills, rentals, support group programmes, other, Beautiful Minds Ambassadors, student support, child protection, disaster management, new initiatives & interventions, OTHERS\_\_\_\_\_ )
2. FUNDRAISING
3. FACILITATION & TRAINING(specify specialty)\_\_\_\_\_
4. COUNSELLING AND/OR MENTAL HEALTH FIRST AID
5. PSYCHOMETRIC TESTING
6. FAMILY THERAPY
7. MUSIC THERAPY
8. ART THERAPY
9. CHILD PROTECTION
10. RESEARCH
11. OUTREACHES
12. LEARNING DISORDERS
13. ADDICTIONS AND / OR SUBSTANCE ABUSE (specify specialty)\_\_\_\_\_
14. STRESS MANAGEMENT
15. DISASTER MANAGEMENT AND/OR TRAUMA
16. SUPPORT GROUPS
17. SUICIDE PREVENTION

- 18. AUTISM
- 19. GRIEF
- 20. ANXIETY & DEPRESSION
- 21. SELF ESTEEM, MOTIVATION & MENTORSHIP
- 22. IT SERVICES
- 23. OTHER (specify) \_\_\_\_\_

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

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

What topics do you want addressed by ASAC? \_\_\_\_\_

METHODS OF PAYMENT:	o YES	NO
<p><b>1. CLICK ON THE DONATE BUTTON</b></p>		
<p><b>2. EFT SENDING USD:</b>                      Bank Name: ODDO BHF BANK                      Address: Bockenheimer Landstr,                      10 – 60323 Frankfurt am Main                      Frankfurt                      Germany                      SWIFT CODE: BHFB DE FF</p> <p>Beneficiary Bank:                      Account Name: NMB Bank Ltd                      Swift Code: NMBLZWHX                      Account Number: 100735100                      IBAN: DE13 5002 0200 0100 735100                      Currency: USD</p>		
<p><b>3. EFT SENDING EUROS:</b>                      Bank Name: ODDO BHF BANK                      Address: Bockenheimer Landstr,                      10 – 60323 Frankfurt am Main                      Frankfurt                      Germany                      SWIFT CODE: BHFB DE FF</p> <p>Beneficiary Bank:                      Account Name: NMB Bank Ltd                      Swift Code: NMBLZWHX                      Account Number: 735100                      IBAN: DE13 5002 0200 0100 735100                      Currency: EUR</p>		
<p>REFERENCE:                      NMB Bank                      Branch : Eastgate                      Acc Number: 0000240325489                      Acc Name: Anxiety Support &amp; Awareness Trust</p>		
<p><b>4. SENDING ZWL</b></p> <p>1) ECOCASH MERCHANT CODE: 311218 ZASAC</p> <p>2) ONEMONEY MERCHANT CODE: 50619 ZASAC</p>		

<p>3) NMB Bank Branch Code: 11104 Branch: Eastgate Acc Number: 0000240173678 Acc Name: Zim Anxiety Support &amp; Awareness</p>		
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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

Other \_\_\_\_\_

If you have any enquiries please contact us on  
[friends@asactrust.co.zw](mailto:friends@asactrust.co.zw)