



ANXIETY SUPPORT AND AWARENESS CENTRE TRUST

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PATIENT MEMBERSHIP FORM – 2020

Please Return To Anxiety Support and Awareness Centre Trust

[Join the ASAC Support Group](#)

Name:
Physical Address:
Province:
Postal Code:
Daytime Phone No.:
Evening Phone No.:
Cell Phone No.:
E-mail Address:

Please tick the appropriate boxes:

<input type="checkbox"/> I have enclosed ZWL 15.00 or USD1 equivalent	<input type="checkbox"/> I would like to remain on the membership list, but due to my current financial situation, I will send you the payment at a later stage.
<input type="checkbox"/> I have enclosed a donation of	
<input type="checkbox"/> I am available to volunteer. Please contact me.	<input type="checkbox"/> I would like to be removed from the membership list.

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

If possible, please complete the information below. This will assist us in research to help others. Please note that this information is kept strictly confidential and for our internal office use only.

Occupation:
Age:
Medication you are on:
Diagnosis:
When were you diagnosed or how long have you suffered from this condition?:

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

admin@asactrust.co.zw

OR

members@asactrust.co.zw