



EMERALD MEDICAL AID SOCIETY

13 Bates Road Milton Park, Harare
 Tel: (0242) 756 701
 Cell: 0773 773 385 / 0772 818 384
 Website: www.emeraldmas.co.zw

EMERALD MEMBERSHIP APPLICATION FORM

Membership Number		Full Name of Applicant		Surname :	
		DR/Mr/Mrs/ (tick)		First Name (s) :	
Employment Address			Tel No. (Work)		
Home Address			Tel No. (Home):		
			Cell:		
BIRTH PARTICULARS		Sex		Place of Birth	
		M F			
I.D No. :				Marital Status	
				Married Single	
Profession Occupation:				Name of employer :	
E.C. Work No. :		Department :		Station:	

PACKAGE	BASIC PLAN	STANDARD PLAN	ELITE PLAN
PLATINUM PLAN	EXECUTIVE PLAN	FUNERAL	LEGAL COVER

SURNAME	FIRST NAME(S)	SEX	D.O.B	I.D. No.	RELATIONSHIP

PREVIOUS MEDICAL AID COVER

Society.....Package.....Duration Form.....to.....

MEDICAL HISTORY STATUS

HAVE YOU OR ANY OF YOUR DEPENDANTS SUFFERED FROM ANY OF THE FOLLOWING

Hypertension	Epilepsy	Renal	Lung	Blood Diseases
Stroke	Cancer	Liver	Psychiatric	Other (Please)

DECLARATION BY APPLICANT

I hereby certify that the information above is correct and that I and my dependants agree to abide by the current rules and regulation, benefits and amendments from time to time. I authorise the deduction from my salary of the monthly subscription laid down by the society in respect of myself and dependants

APPLICANT'S SIGNATURE.....DATE.....

AGENT DETAILS

NAME.....AGENT CODE.....

SIGNATURE.....DATE.....