



**Employee
Assistance
Council of
Africa**

Individual Membership Form

*General Assembly Members**

The Employee Assistance Council of Africa (EACA)

Personal Information:

Full Name (first, last): _____

Title/Position: _____

Organization/Employer: _____

Type (Internal, External, Affiliate, Non-EAP): _____

Country: _____

City/Town: _____

Email Address: _____

WhatsApp Number: _____

Professional Information:

Describe Your Involvement in EAPs: _____

Years of Experience in EAPs: _____

Areas of Expertise (e.g., Counseling, Training, Management, Research): _____

Currently EAPA Member: No [☐] Yes [☐] If yes, State: _____

Signature: _____ **Date** (dd/mm/year): _____

*Membership in the General Assembly of the Employee Assistance Council of Africa (EACA) is voluntary, with no fees attached. Membership is open to all individuals in Africa involved in the provision or support of Employee Assistance Programs (EAPs).