



# MEGA HIT HEALTH ORGANIZATION

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**Email:** info@mhoug.org | **Website:** https://www.mhoug.org

## MEMBERSHIP REGISTRATION FORM

Registration Year: 2024

*Attach Passport Size  
Photograph Here*

### OUR VISION:

To reach out to the populace and make health a fundamental human right that empowers individuals lives a healthy fruitful life.

### OUR MISSION:

To improve access to essential healthcare and education that advance health initiatives and maximize impact on public health.

**To register for membership please complete and submit this form correctly.**

New Member

Renewing Member

Membership Number: ..... Membership ID #: .....

### A) PERSONAL INFORMATION:

Full Name: .....

Date of birth: .....

Blood group: .....

Tel: .....

Email: .....

Religion/ Faith: .....

Address: .....

Nationality: .....

**B) PROFESSIONAL INFORMATION:**

Qualification(s): .....  
Professional Category: .....

**C) VALID BANK DETAILS:**

Name of Bank: .....  
Beneficiary Account Number: .....  
Beneficiary Account Name: .....  
Branch: .....

**D) LANGUAGE INFORMATION:**

Mother tongue: .....  
Other Languages known: .....

**E) MEMBERSHIP SUBSCRIPTION:**

- Our effectiveness and ability to create change, begins with the right support from our members and further extends to all kinds of donors. Your **subscription fees** supports our website maintenance, media health talk shows, secretariat works, sustains meetings and communications.

**What it means to become a member of Megahit Health Organization?**

Megahit Health Organization prioritises its members for all opportunities. Registering now as a member, births you as a megahit - child and in the due course we start planning how to succeed your workforces with us. This initially inspires your life, the family members and the entire community surrounding you as you achieve membership testimonies. We believe that our company with you will yield positive impacts to make you succeed in your work forces. Register for membership now and **GRAB** the opportunities to associate with the following benefits throughout;

- *Up skilling your dreams and work forces;*
- *Membership internal nomination and commission strategy;*
- *Employment opportunities;*
- *Shared responsibilities;*
- *Member’s awards;and*
- *Direct access to organization notice and information.*

## How to register for Membership?

The steps to register are very easy to follow:

1. *Correctly fill in the membership registration form;*
2. *Attach a passport size photograph and a colored copy of your National Identity card / Student Identity card;*
3. *Attach proof of fees payment receipt of your membership class;*
4. *Submit to our team through our office or via our email; and*
5. *Wait for membership assessment and approval.*

**After approval, a certified membership form shall be given to you or sent to your email.**

### Fees regulation for membership

Fee: UGX: 100,000/= {Membership card and T-shirt inclusive}

- All payments are made through the following options.

#### OPTION 1: BANK PAYMENTS

**Account name:** MEGA HIT HEALTH ORGANIZATION - MHO

**Account number:** 9030022555994

**Bank name:** STANBIC BANK

**Branch:** MUKONO

#### OPTION 2: MOBILE MONEY PAYMENTS

To register via mobile money through FLEXI PAY, please follow the following steps for both **MTN** and **AIRTEL** networks;

1. *Dial \*291# - this connects to the Merchant system;*
2. *Select option 2 (pay merchant);*
3. *Insert the merchant code (257770) - this connects to MHO bank account;*
4. *Please enter the amount to pay; - e.g. 100000*
5. *Enter payment reason - e.g. your full name;*
6. *Select Option 1; to confirm the recipient name - MEGA HIT HEALTH ORGANIZATION - MHO;*
7. *Enter PIN to confirm payment of amount - you will receive a receipt of payment from both MM and STANBIC BANK.*

Our bank signatories will be notified of your payments and will be able to print receipts as well.

**F) OTHER INFORMATION:**

Kindly let us know exactly how you came to know about Megahit Health Organization.

*“Please specify below”*

- 1. Flyer / Brochure / Poster / Newspaper: .....
- 2. Website / Radio / Television Station: .....
- 3. Individual: .....
- 4. Outreach: .....
- 5. Other Channels: .....

*{If Radio, outreach, individual, TV, Newspaper or any other channels please name}*

<i>Provide us a more detailed explanation here, why you decided to join - us.</i>
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

**G) CONSENT NOTE:**

I ..... willing to join

**MEGAHIT HEALTH ORGANIZATION - MHO** as a member able to contribute the right support towards its objectives. I am interested in being involved in all its set programs where I confirm to the best of my knowledge that the information about the organization is correct and I abide to the terms and conditions set by the organization from time to time during my membership.

Signature of applicant: .....

Date: ...../...../.....

**FOR OFFICIAL USE ONLY**

**@ MEGAHIT HEALTH ORGANIZATION - MHO**

<b>Confirm Membership</b> <i>“Approved or Rejected”</i>	
<b>Reason</b>	
<b>Full - Name</b>	
<b>Position</b>	
<b>Signature and Stamp</b>	

*“We look forward to your long and happy association with us”.*

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