



# PULA BABY MATERNITY PROGRAMME REGISTRATION FORM



## MOTHER'S DETAILS

Full names

Date of Birth         ID Number  Membership Number

Marital Status

Email Address:   
(weekly emails)

Cell Number  Work Number

Physical Address (mom)

Postal Address

Employer

Number of Weeks   
(how far along is the pregnancy)

Are you a Dependant/  Principal Member

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## FATHER'S DETAILS ( fill this if dad wants to receive emails)

Full name(s)

PULA member - yes  or no  Membership Number

Email Address

Where did you hear about the programme?

Pula Website

Social media

Friend/colleague

Pula office

Other; please specify

### Important Note:

- \* Email completed form to [marketing@pulamed.co.bw](mailto:marketing@pulamed.co.bw) and confirm registration at 3650504/586
- \* Registration for PULA Baby should be done from 12 weeks of pregnancy (latest 16 weeks)
- \* Only registered mothers will get hamper bags from 28 weeks of pregnancy
- \* Expectant mother only qualifies for the program if she is a principal member or dependant
- \* Registration confirmation will be through a call from Serurubele Centre