PULA BABY MATERNITY PROGRAMME REGISTRATION FORM

MOTHER'S DETAILS

Full names

Date of Birth d d m m y y y y 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 **bd@pulamed.co.bw** and confirm registration at **315 9416**
* 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