



APPLICATION FOR MEMBERSHIP FORM

1. CATEGORY OF MEMBERSHIP APPLIED FOR: (CORPORATE/AFFILIATE)

2. SUBSCRIPTION PAYABLE: K _____

3. NAME OF INSTITUTION: _____

4. CONTACT DETAILS: _____

5. EXACT NATURE OF BUSINESS: _____

6. NAMES OF REPRESENTATIVE AND ALTERNATE:

a. _____

b. _____

*Kindly attach curriculum vitae of the selected representatives.

I/we agree to be bound by the Constitution, rules and by-laws of the Association, and of any branch or section thereof, which are then in force, or which subsequently may be altered or amended and in force at any future time.

SIGNED: _____ NAME: _____

DESIGNATION: _____ DATE: _____

FOR OFFICE USE:

ACCEPTED/REJECTED. CATEGORY: _____

RECEIPT NUMBER: _____ **DATE PAID:** _____