



APPLICATION FORM FOR INDIVIDUAL/STUDENT MEMBERSHIP

1. CATEGORY OF MEMBERSHIP APPLIED FOR: (INDIVIDUAL/STUDENT)

2. SUBSCRIPTION PAYABLE: K _____

3. FULL NAMES OF APPLICANT : _____

4. NAME AND ADDRESS OF EMPLOYER/UNIVERSITY/COLLEGE :

5. DESIGNATION/JOB TITLE : _____

6. NUMBER OF YEARS WITH CURRENT JOB:

7. E - MAIL ADDRESS AND CONTACT NUMBER :

a. Email Address: _____

b. Contact/Mobile Numbers: _____

8. SIGNATURE OF APPLICANT: _____

**kindly attach your curriculum vitae*

I 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.

FOR OFFICIAL USE:

ACCEPTED/REJECTED. CATEGORY: _____

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

SIGNATURE OF OFFICE MANAGER:

"Promoting the growth of the pension industry in Zambia"