



MEMBERSHIP APPLICATION FORM

INDIVIDUAL

SURNAME: _____ CHRISTIAN NAMES: _____

HOME ADDRESS: _____

POSTAL ADDRESS (if different from above) _____

WORK PHONE: () _____ FAX: () _____

MOBILE PHONE: () _____ AFTER HOURS: () _____

E-MAIL ADDRESS: _____

TRADE AND EDUCATIONAL QUALIFICATIONS: _____

PRESENT EMPLOYER AND POSITION: _____

MEMBERSHIP OF OTHER INSTITUTIONS OR PROFESSIONAL BODIES/ASSOCIATIONS: _____

CORPORATE

COMPANY NAME _____

TYPE OF BUSINESS _____

POSTAL ADDRESS _____

WORK PHONE: () _____

CONTACT PERSON FOR NOTIFICATIONS _____

CONTACT PERSON FOR ANNUAL SUBS _____

CONTACT PERSON EMAIL _____

Corporate membership entitles the company to send any employees to meetings to a maximum of 3 per meeting, unless by prior arrangement.

SIGNED: _____ DATE: _____