

<b>MEMBERSHIP APPLICATION FORM</b>															
<ul style="list-style-type: none"> <li>• Please provide all the required information. All the information provided will be used exclusively for PSEF's business.</li> <li>• Please complete the form clearly and carefully.</li> <li>• Membership is free and is valid for 3 years.</li> <li>• Please fax or email the forms to back to the attention of Julia Kambule.</li> </ul>															
Please tick the appropriate box				<b>New membership</b>				<b>Renewal</b>							
<b>Personal details</b>															
<b>Mr</b>		<b>Mrs</b>		<b>Miss</b>		<b>Ms</b>		<b>Dr</b>		<b>Prof</b>					
<b>First name:</b>						<b>Last name:</b>									
<b>Initials</b>				<b>Date of birth</b>					<b>Gender</b>		<b>Race</b>				
<b>Highest qualification</b>															
<b>Institution</b>															
<b>Occupation</b>															
<b>Division/unit</b>															
<b>Phone:</b>				(1)				(2)							
<b>Email:</b>															
<b>Postal address</b>															
						<b>Code</b>									
<b>Organisation details</b>															
<b>Name of organisation</b>															
<b>Province</b>															
<b>Contact details</b>			<b>Office</b>						<b>Mobile</b>						
<b>Email (2)</b>															
<b>Web</b>			<b>http://www.</b>												
<b>Signature:</b>															
<b>Date:</b>															
<b>For PSEF office use</b>															
<b>Member number</b>								<b>Approved</b>		<b>Yes</b>		<b>No</b>			
<b>Enrollment Date (DD/MM/YYYY)</b>								<b>Year of Membership</b>							