

APPLICATION FOR MEMBERSHIP



NATIONAL ASSOCIATION OF ENVIRONMENTAL HEALTH IN SOUTH AFRICA
 Tel : 012 358 8684 Fax to email : 0865233685 Email: boitumelom@naehsa.org.za
 Non Profit Organisation (NPO) No. 170-264

New Membership
 Renewal of Membership

The Secretary, P. O. Box 3484, Rustenburg 0300
 49 Heystek Street, Rustenburg 0300

Eastern Cape Free State Gauteng Kwa-Zulu Natal Limpopo
 Mpumalanga Northern Cape North West Western Cape

PROVINCE (tick)

A. PERSONAL PARTICULARS

NAEHSA Membership Number: _____ Category: _____ Duration: _____
 Title: (Prof,Dr,Mr,Mrs,Ms) _____ Surname: _____
 First names: _____ Initials: _____
 HI NO: _____ Identity No: _____ Designation: _____
 Postal Address: _____
 _____ Postal code: _____
 Residential Address: _____
 _____ Postal code: _____
 Tel (H) / Cell: _____ Work : _____
 Fax: _____ Email : _____

(Office use only)

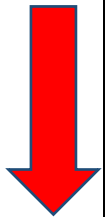
DATE RECEIVED

MEMBERSHIP FEE/DONATION

RECEIPT / REF NO.

DATE CAPTURED

DATE VERIFIED



I, _____ do hereby make application for /renewal of membership of National Association for Environmental Health in South Africa. I voluntarily pay a non-refundable membership fee of R _____. I agree, if admitted as a member, to uphold and abide by the Constitution, Code of conduct, any applicable legislation to the Association, and any rules and decisions of the Association as may be determined from time to time.

Banking Details :

Acc. Name: **NAEHSA**
 Bank : **Standard Bank**
 Branch : **O. R. TAMBO**
 Branch code : **6260**
 Acc. No: **403785200**

SIGNATURE: _____ DATE: _____

APPROVED
 NOT APPROVED
 e-mail or fax your application form and proof of payment to boitumelom@naehsa.org.za or Fax to email 086 5233685

B. The following is/are submitted in support of my application(Mark with a X)

<input type="checkbox"/>	A. A membership fee of R 150 - 00 in respect of my application (full membership).
<input type="checkbox"/>	B. A membership fee of R 150 - 00 in respect of my application (Associate members).
<input type="checkbox"/>	C. A membership fee of R 150 - 00 in respect of my application (Community Service).
<input type="checkbox"/>	D. A membership fee of R 100 - 00 in respect of my application (Environmental Health Assistants).
<input type="checkbox"/>	E. A membership fee of R 1000 - 00 in respect of my application (affiliate membership).
<input type="checkbox"/>	F. A membership fee of R 75 - 00 in respect of my application (Student membership).
<input type="checkbox"/>	G. A donation of R _____ - 00 in respect of my application
<input type="checkbox"/>	H. Transfer letter in case moved from one province to another