



## MEMBERSHIP APPLICATION

EMASA  
 Matthew Goniwe School of  
 Leadership and Governance  
 Cnr of 8<sup>th</sup> and Hull Street  
 Vrededorp  
 Johannesburg  
 Tel: 011 830 2200  
 Fax: 011 830 2201

Please send completed membership form, together with your proof of payment to: EMASA, Attention: Celest Coverdale,  
 Fax: (011) 830 2201 email: [CelestC@mgsi.co.za](mailto:CelestC@mgsi.co.za)

Banking details: EMASA

Standard Bank  
 Lyttelton Branch (code 010945)  
 Account Number 01 173 0447

Please print clearly (preferably in capital letters) or by typing:

Surname (Family Name):		First Name:	
Institution / Organisation:			
Telephone (inc. dialling code):		Fax:	
Cellular:			
E-Mail:			
Website:			
Postal address:			Postal Code:
Physical address:			
Provide a brief description of your expertise and what is your current job (max 50 words):			
To which other Associations / Institutes do you as an individual belong?			

I am applying for:

- 1 year individual membership - ZAR 300.00
- 1 year student membership – ZAR 150.00
- 1 year institutional membership\* - ZAR 900.00

\* Valid for a maximum of 10 members per institution, if more memberships are needed, add ZAR 100 per additional member beyond the initial 10.

Why do you want to become a member of EMASA?

How did you find out about EMASA?

Academic Qualifications

Date	Qualification	Institution

If currently a student, please supply the following details. (Proof of registration at a tertiary education institution is required With the student membership option)

Student Number	Field of study	Institution

**CONSENT AND ACKNOWLEDGEMENT**

Please would you consider my application for membership to EMASA. I declare that to the best of my knowledge and belief the particulars set out in this application are true and correct.

Signed at:		Date:	
Signature:		Print name:	

For official use only:			
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