



MEMBERSHIP APPLICATION

EMASA
Matthew Goniwe School of
Leadership and Governance
Cnr of 8th 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) 086 509 5231 email: CelestC@mgsi.co.za

Banking details:
 Account Name: Education Management Association of South Africa
 Bank: Standard Bank
 Account Number: 01 173 0447
 Branch Name: Lenasia
 Branch Code: 015137

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 1500.00

* Valid for a maximum of 10 members per institution, if more memberships are needed, add ZAR 200 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:			