GRASSLAND SOCIETY OF SOUTHERN AFRICA

APPLICATION FOR MEMBERSHIP

# Individual

Please complete this form and email to admin@grassland.org.za or fax to +27(0)86 622-7576 or post to: PO Box 41, Hilton, Pietermaritzburg, South Africa, 3245, alternatively, complete the online application form on the Society website: [www.grassland.org.za/membership](http://www.grassland.org.za/membership)

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| **PERSONAL INFORMATION:** | | | | | | | | | | | | | |
| **Title:** |  | | **Initials:** | |  | | | **First Name:** | |  | | | |
| **Surname:** |  | | | | | | | | | | | | |
| **Identity no.:** |  | | | | | | | | | | | | |
| **Date of birth:** |  | | | | | | | | | | | | |
| **Postal Address:** |  | | | | | | | | | | | | |
| **VAT number:** |  | | | | | | | | | | | | |
| **Tel:** |  | | | | | **Fax:** |  | | | | **Cell:** |  | |
| **E-mail address:** |  | | | | | | | | | | | | |
| **CAREER INFORMATION:** | | | | | | | | | | | | | |
| **Current Company/Institute:** | | | |  | | | | | | | | | |
| **Present Position/Occupation:** | | | |  | | | | | | | | | |
| **Previous Occupation/Experience:** | | | |  | | | | | | | | | |
| **Membership of other societies:** | | | |  | | | | | | | | | |
| **ACADEMIC QUALIFICATIONS:** | | | | | | | | | | | | | |
| **Degrees/Diplomas** | | **Institution** | | | | | | | **Major Subjects/Thesis** | | | | **Year Completed** |
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I, the undersigned wish to become a Member of the Grassland Society of Southern Africa and certify that the above statements are true and correct. If accepted for membership, I shall be bound by the Constitution of the Society and any amendment thereto.

Please enclose a copy of your *Curriculum vitae.*

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**SIGNATURE OF APPLICANT DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PROPOSER SIGNATURE OF SECONDER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROPOSER (Print name) SECONDER (Print name)**

**DATE OF ACCEPTANCE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_