



Women in Planning SA

Individual Membership Application Form

Membership Application

Personal Information

Full Name: _____ Initials: _____
First name _____ *Surname* _____

Address: _____
Street Address _____

_____ *City* _____ *Province* _____ *Postal Code* _____

Phone: _____ Email: _____

ID Number: _____ Date of Birth: _____

Ethic Group: _____ Gender: _____

Membership Applied for:

Category of Membership	Description	Annual Membership Fee	Tick
Academics:	Lecturers/ Professors/Tutors in the institutes of higher education	R250	
Corporate:	Private and Public Sector	R250	
Young Planners	Employed Graduates	R100	
	Unemployed Graduates	Free	
Student	High School Learners,	Free	
Retired Planners	Retired members	R100	
Associate Members	Non-planners: individuals	R100	

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Grade: _____

From: _____ To: _____ Did you graduate? YES NO NO Institution: _____

Qualification nam/se: _____

Accreditation / Professional Affiliation

Name of the Institution	Membership No	Active from

Employment Details

Company: _____ Phone: _____

Address: _____ Position: _____

DECLARATION

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____