



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: \_\_\_\_\_

Ethnic 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: \_\_\_\_\_

P.O. Box 52271, Berea Road, 4007 | Tel: 031 201 7510 / 0820753891/ 076 3560954 | Email: [admin@wipsa.org.za](mailto:admin@wipsa.org.za)  
| Website: [www.wipsa.org.za](http://www.wipsa.org.za)

Reg. No. 2016 / 475556 / 08

# WIPSA

## Education

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ 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: \_\_\_\_\_