MEMBERSHIP FORM

Annual Subscription

Subscription Date _____/_____/20___

Personal Details

Title: Mr. ☐ Mrs. ☐ Miss. ☐ Prof. ☐ Dr. ☐ Adv. ☐ Other. ☐ _____

First Name (s): _____ Last Name _____

ID No: _____ **Gender:** Male ☐ Female ☐

Disable: Yes ☐ **No** ☐ **Race:** African ☐ White ☐ Indian ☐ Coloured ☐ Other ☐

Highest Qualification: PhD ☐ Masters ☐ Professional Qualification ☐ Post Grad ☐

Degree ☐ Diploma ☐ Certificate ☐ Matric ☐ Other ☐

Other Highest Qualification Name: _____

Professional Body: _____**Membership No**_____

Physical Address: _____

_____**Post Code** _____

Contact No (Mob): _ (___) _____ **Contact No. (Landline):** _ (___) _____

Email Address _____

Province:

GP ☐ NW ☐ LP ☐ KZN ☐ WC ☐ EC ☐ MP ☐ FS ☐ NC ☐

Area of Expertise

- ☐ Computing/IT
- ☐ Accounting/Auditing
- ☐ Engineering
- ☐ Consulting
- ☐ Legal
- ☐ Wholesale/Retail
- ☐ Tourism
- ☐ Art/Design
- ☐ Banking/Insurance
- ☐ Medical/Dental
- ☐ Education/Training
- ☐ Human Resources
- ☐ Sales
- ☐ Advertising/Marketing/PR

☐ Other: _____

Occupation Status

- ☐ Employed
- ☐ Self-employed
- ☐ Retired
- ☐ Unemployed

Sector

- ☐ Public Sector
- ☐ Private Sector
- ☐ NGO/NPO

Occupation: (Software Engineer, CEO, MD, DG, CFO, NED, Lecturer, Teacher, etc.):

_____

Criminal Record and Insolvency or Bankruptcy Declaration

Have you ever been convicted of a criminal offense?

Yes ☐

No ☐

Have you ever been declared insolvency or bankruptcy?

Yes ☐

No ☐

If you answered "Yes" to either question, please provide details:

_____

_____

_____

_____

PAYMENT OF MEMBERSHIP FEE:

Annual membership fee is **R500.00**

Compulsory Once Off Fee (Golf Shirt and Cap) is **R350**

Please email this form with your proof of payment to: membership@ppcosa.org

Method of Payment: EFT only (Strictly no cash is accepted)
PPCOSA **Banking Details**:
Account Name: Progressive Professionals Council of Southern Africa
Bank: First National Bank
Acc. No.: 6310 613 6608
Branch: Universal Branch
Branch Code: 250655
Use your initials and surname as a reference.

I would also like to donate **R50 or more** through a monthly debit order ☐

Please refer to the PPCOSA website at www.ppcosa.org for more information about our organisation and your membership benefits.

SIGNATURE _____

DATE: _____