

**MEDIA INSTITUTE OF SOUTHERN AFRICA (MISA)
ZAMBIA**

**ASSOCIATE MEMBERSHIP APPLICATION/RENEWAL FORM
K10,000**

SECTION ONE: (TO BE COMPLETED BY APPLICANT)

Name:

Job title:.....

Employer.....

Postal address:

Telephone no(s):

Fax no(s):

E-mail address(es):

Date:..... Signature:

**SECTION TWO: (TO BE COMPLETED BY A SECRETARIAT STAFF
MEMBER OF THE MEMBERSHIP COMMITTEE)**

I a bonafide paid-up member of MISA

Zambia have interviewed the applicant Mr/Ms.I

recommend/don't recommend the application.

Date: Signature:

**SECTION THREE: (TO BE SIGNED BY MISA ZAMBIA MEMBERSHIP
COMMITTEE CHAIRPERSON)**

I hereby confirm that the MISA

Zambia Membership Committee which met on

Approved/rejected Mr./Ms./Dr./ Prof... .. application for

membership of MISA Zambia. He has been given Full/Associate member.

FOR OFFICIAL USE ONLY

Payment received by: Date:

Receipt number: