

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

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**INSTITUTIONAL MEMBERSHIP APPLICATION/RENEWAL
FORM**

Name of institution:.....

Postal address:.....

Telephone no(s):.....

Fax no(s):.....

E-mail address(es):.....

Contact person:.....

Institutional membership fee of K300,000 paid by (name):

Signature:.....

Designation:.....

Date:.....

FOR OFFICIAL USE ONLY

Payment received by:.....

Receipt number:.....

Date:.....

Application approved/rejected. Date:..... Signature:.....

Reason for rejection:

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