

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

INDIVIDUAL MEMBERSHIP APPLICATION/RENEWAL FORM

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: