

Membership No: _____

THE PARASITOLOGICAL SOCIETY OF SOUTHERN AFRICA



APPLICATION FOR MEMBERSHIP

I wish to become a member of the Parasitological Society of Southern Africa and agree to abide by the Constitution of the Society. I further undertake that in the event of my desiring to withdraw from membership, I will formally notify the Secretary to that effect in writing.

TITLE:

SURNAME:

FIRST NAME (IN FULL):

POSTAL ADDRESS:

POSTAL CODE:

TELEPHONE No:

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CELLPHONE No:

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E-MAIL:

Present position and address of institution, if relevant:

POSITION:

INSTITUTIONAL ADDRESS:

Fees:

Entrance fee ZAR 80.00
Annual subscription ZAR 100.00

Direct deposits or electronic transfers can be made to:

Name of account: PARSA (Savings)

Bank: ABSA

Branch: Montana Park

Account number: 924 278 7097

Please use your surname and initials as a reference and email proof of payment to Dr Raksha Bhoora (below)

Dr Raksha Bhoora, PARSA Treasurer

E-mail: raksha.vasantraibhoora@up.ac.za; **Tel:** +27 (012) 529 2401

SIGNATURE

DATE

Membership: All persons interested in Parasitology are invited to become members of the Society. The objectives of the Society are to promote and sustain study and interest in Parasitology and to disseminate information on the subject.