

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:	() _____
FAX No:	() _____
CELLPHONE No:	() _____
E-MAIL:	_____

Present position and employment address, if relevant:

Position:	_____
Address:	_____

Fees:

Entrance fee R 80.00
Annual subscription R 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 name and surname as a reference and email proof of payment to Andrea Spickett (below)

Mrs Andrea Spickett The Treasurer – PARSA P O Box 12425 Onderstepoort 0110 Tel: +27 (0)12 529-9208 E-mail: spicketta@arc.agric.za

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.