



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	
NAME (IN FULL)	
HIGHEST ACADEMIC DEGREE	
POSTAL ADDRESS	
TELEPHONE (B)	
FAX NUMBER	
E-MAIL	

Special interests in the field of parasitology/research

Present position and employment address, if relevant

Position	
Address	

Joining fee	R	80.00
Annual subscription	R	100.00

Direct deposits or electronic transfers can be made to:

ABSA: Montana Park

Name of account: **PARSA** (Savings)

Branch number: **630603**

Account number: **924 278 7097**

Please use your **name and surname** as a reference send proof of payment to: parsafinances@gmail.com

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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.