



VETERINÊRE VERPLEEGSTERSVERENIGING VAN SUID AFRIKA
VETERINARY NURSES ASSOCIATION OF SOUTH AFRICA

VNASA MEMBERSHIP APPLICATION FORM 2018

I wish to join / renew my VNASA membership for 2018 (May 2018 – May 2019)

TYPE OF MEMBERSHIP:

- | | |
|---|---|
| <input type="radio"/> ORDINARY MEMBER (OM) | <input type="radio"/> HONORARY LIFE MEMBER (HLM) |
| <input type="radio"/> LIFE MEMBER (LM) | <input type="radio"/> PROFESSIONAL ASSOCIATE MEMBER (PAM) |
| <input type="radio"/> HONORARY MEMBER (HM) | <input type="radio"/> SUPPORT STAFF MEMBER (SSM) |
| <input type="radio"/> ASSOCIATE MEMBER (AM) | <input type="radio"/> STUDENT MEMBER (SM) |
| <input type="radio"/> COMMITTEE MEMBER (CM) | <input type="radio"/> INAUGURAL MEMBER (IM) |

FEE'S FOR MEMBERSHIP FOR ORDINARY, ASSOCIATE, PROFESSIONAL ASSOCIATE, SUPPORT STAFF AND INAUGURAL MEMBERS:

- R350 per annum for members residing in South Africa
- R470 per annum for members residing outside South Africa

Please make a bank deposit to: Veterinary Nurses Association of South Africa
Standard Bank
Montana (015945)
Account Number 022533044

REFERENCE: Use M and your Name & Surname (eg –M Jane Doe)

Fax/e-mail transfer/deposit confirmation, together with this form to :
vnasatreasurer@gmail.com

Please complete all fields:

First Names: _____

Surname: _____ Maiden Name: _____

Phone H: _____ Phone W: _____

Cell: _____

E-mail: _____

Postal Address: _____

_____ Code: _____

Year Graduated: _____ SAVC Number: _____

Signed: _____ Date: ___/___/20___

COMMENTS/SUGGESTIONS _____
