



VETERINÊRE VERPLEEGSTERSVERENIGING VAN SUID AFRIKA  
VETERINARY NURSES ASSOCIATION OF SOUTH AFRICA

## VNSA MEMBERSHIP APPLICATION FORM 2022

I wish to join / renew my VNSA membership for 2022 (May 2022 – May 2023)

**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:**

- R340 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](mailto: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** \_\_\_\_\_

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