

MEMBERSHIP APPLICATION FORM



PO Box 2662, Durbanville, 7551 Tel: 082 829 4550 e-mail: info@iwc.co.za

New Application or Annual Renewal?

Period From _____ To: _____

Title _____

Surname _____

Name _____

South African Identity Number _____

Date of Birth _____

Tel. (W) _____

Mobile _____

Email _____

Employer _____

Cost centre if applicable _____

Years in the Industry _____

Do you hold any of the following Qualifications/ Diplomas?

COP _____

Lic _____

AIISA _____

FIISA _____

Other: _____

Current Studies:

Please list any other associations you are a professional member of:

DATE:

SIGNED:

Annual Subscription Fee:

R300 (50% from July)