



VETERINÊRE VERPLEEGSTERSVERENIGING VAN SUID AFRIKA

VETERINARY NURSES ASSOCIATION OF SOUTH AFRICA

VNASA MEMBERSHIP APPLICATION FORM 2012

I wish to join / renew my VNASA membership for 2012 (May 2012 – May 2013)

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:**

- R290 per annum for members residing in South Africa
- R420 per annum for members residing outside South Africa

FEE'S STUDENT MEMBERSHIP:

- DVN 1 – R170.00
- DVN 2 – R230.00

Please make a bank deposit to: Veterinary Nurses Association of South Africa
Standard Bank
Bedford Gardens (018305)
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 :
086 618 7724 or info@vnasa.co.za **ATT: treasurer**

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_____

