



MEMBERSHIP REGISTRATION FORM

First Name		Surname	
Tel. No.	Fax No.	E-Mail Address	
Physical Address		Postal Address	
PLEASE PROVIDE THE INFORMATION REQUESTED BELOW			
SCHOOL STUDENTS: If you are a student at a SCHOOL please give the following information:			
Name of School		Grade	
Subjects			
FET COLLEGE STUDENTS: If you are a student at a FET College please give the following information:			
Name of FET College & Campus name		Level	
Subjects			
TEACHERS & FET COLLEGE LECTURERS: If you are a Teacher / FET Educator or Lecturer please give the following information:			
Name of School or FET College & Campus name		Level	
Subjects			
OTHER: HOME SCHOOLS; PARENTS; SPONSORS; ADVERTISERS; ETC. If you are anyone other than a student at a SCHOOL or FET COLLEGE or an EDUCATOR or LECTURER please give the following information:			
Your information E.G. Parent of a School Student; Sponsor; Other	(details)		
Please state any questions you are wanting answers to			
SIGNED BY APPLICANT		SIGNED BY APPLICANT'S PARENT/GUARDIAN (IF UNDER THE AGE OF 21 YEARS)	
DATE		DATE	