



# Membership Application Form 2018

(1 January 2018 – 31 December 2018)

**Please complete in capital letters**

\*Included for statistical reporting purposes to Department of Social Development & Funders

|  |                             |           |
|--|-----------------------------|-----------|
| <b>New –recruited by:</b>  | <b>Recruiter Member No:</b> |           |
| <b>Would you like to participate in Research?</b>                    | <b>Yes</b>                  | <b>No</b> |
| <b>May we use your photograph taken at workshops, conference etc</b> | <b>Yes</b>                  | <b>No</b> |

|                                  |                  |                       |                   |     |                    |                 |     |  |     |               |                    |
|----------------------------------|------------------|-----------------------|-------------------|-----|--------------------|-----------------|-----|--|-----|---------------|--------------------|
| <b>Title:</b>                    | <b>Initials:</b> | <b>First name(s):</b> |                   |     |                    | <b>Surname:</b> |     |  |     | <b>Gender</b> | <b>Race group*</b> |
| <b>Regional Chapter:</b>         | EC:EL            | EC:PE                 | FS & NC           | JHB | KZN                | LIM             | MPU | NW   | PTA | WC            |                    |
| <b>Sector in which Employed:</b> | <b>PUBLIC</b>    |                       | <b>PRIVATE</b>    |     | <b>UNIVERSITY</b>  |                 |     | <b>NURSING EDUCATION STUDENT (add proof)</b> |     |               |                    |
| <b>Employer:</b>                 |                  |                       |                   |     |                    |                 |     |  |     |               |                    |
| <b>ID number</b>                 |                  |                       | <b>NEA Number</b> |     | <b>SANC number</b> |                 |     | <b>Area of specialisation</b>                |     |               |                    |
|                                  |                  |                       |                   |     |                    |                 |     |  |     |               |                    |

## Address:

|                                |                     |              |
|--------------------------------|---------------------|--------------|
| <b>P O Box or Street Name:</b> |                     |              |
| <b>Suburb:</b>                 |                     |              |
| <b>City:</b>                   | <b>Postal Code:</b> |              |
| <b>E-mail:</b>                 |                     |              |
| <b>Tel:</b>                    | <b>Fax:</b>         | <b>Cell:</b> |

## Membership Fees:

**R300.00 per annum**

- **R250.00 nursing education students – provide proof of HEI registration**
- **Members 65 years and older 50% of annual fee**

## NEA Bank Details

Bank: First National Bank  
Account Name: Nursing Education Association  
Branch: Lynnwood, Pretoria  
Branch Number: 252045  
Account Number: 52130065959  
Account Type: Cheque  
Ref: ID or Invoice Number

Receipt Number: *For office use* /2017

**Please fax this form and proof of payment to 0862446955**

1177 Woodlands Avenue  
Queenswood  
Pretoria 0186

P O Box 35763  
Menlopark  
Pretoria 0102

Tel: 012 333 1415/ 6426/ 8912  
Fax: 086 244 6955  
e-mail: [admin.nea@edunurse.co.za](mailto:admin.nea@edunurse.co.za)  
[www.edunurse.co.za](http://www.edunurse.co.za)