SOUTH AFRICAN ASSOCIATION OF WOMEN GRADUATES

MEMBERSHIP APPLICATION FORM

NAME:_____

POSTAL ADDRESS: _____

RESIDENTIAL ADDRESS:

_____

TEL: (W)_____
(H)
(CELL)_____
FAX: _____
E-MAIL:

EASY/FREQUENT ACCESS TO INTERNET? : Yes / No
YOUNG WOMEN'S NETWORK: 40 YEARS AND UNDER Yes / No

QUALIFICATIONS and YEAR IN WHICH OBTAINED:

_____

_____

STUDYING: _____

PROFESSION:_____

RETIRED: Yes / No Year of Retirement: _____

AWARDS:_____

MEMBERSHIP OF PROFESSION ASSOCIATIONS: _____

_____

MEMBERSHIP OF OTHER INTEREST ASSOCIATIONS: _____

_____

PARTICULAR INTERESTS/CONCERNS REGARDING WOMEN/GIRLS / EDUCATION (school or higher or lifelong education)

_____

_____

DATE: _____ SIGNATURE: _____

Abridged CV can be attached. Mail or e-mail to relevant Branch or to the National Office.