

*Suider-Afrikaanse Vereniging
vir Onkruidwetenskap*
Posbus 180
Elsenburg
7607
deweth@arc.agric.za



*Southern African Weed
Science Society*
P.O. Box 180
Elsenburg
7607
deweth@arc.agric.za

APPLICATION FOR MEMBERSHIP

Personal Details

ID Number: _____
Surname: _____
Title: _____
First Names: _____
Highest Qualification: _____
Institute: _____
Occupation: _____
Employer: _____
Membership of other societies: _____
Fields of Interest: _____

Contact Details

Postal address: _____
Town/City: _____
Code: _____
Street Address: _____
Town/City: _____
Code: _____
Telephone: (W) _____ (Fax) _____
Cell: _____
Email: _____

DECLARATION: I hereby declare that the information supplied above is correct; that I agree to abide by the rules of the Society and that I will, to the best of my ability promote the aims and objectives of the Society. I undertake to notify the Secretary of any change of address.

Signature.....

Date.....

PROPOSER: I, the undersigned member of the Southern African Weed Science Society support the application of the person listed above:

SURNAME _____
Title _____
First Names _____

Please note that the membership fees are payable in advance during January of each year. After completion please send to - SAWSS, P.O. Box 180, ELSENBURG 7607. After acceptance as a member of the SAWSS, the member is obliged to pay the membership fees to confirm membership.