



COMPUTER SOCIETY OF ZIMBABWE

PO Box CY164, Causeway, Harare

APPLICATION FOR INDIVIDUAL MEMBERSHIP/REGRAIDING

<u>For official use only</u>		
Membership No.	<input type="text"/>	Recommended grade
Certificate No.	<input type="text"/>	Citation
Date of assessment	<input type="text" value="/ /"/>	Processing fee receipt
		Authorized Signature

INSTRUCTIONS TO APPLICANTS

- Please complete all the relevant sections. Entries may either be typed or handwritten in block letters, using either blue or black ink only. For the online version kindly visit <http://membership.csz.org.zw>
- If the space provided in any section of the form is inadequate, please use additional sheets and attach them to the form

SECTION A: APPLICATION DETAILS (tick where applicable)

Application type	New member			Membership re-grading						
Grade applied for	Student	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	Affiliate	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Professional	<input type="checkbox"/>
Preferred Chapter affiliation	Bulawayo	<input type="checkbox"/>	Gweru	<input type="checkbox"/>	Harare	<input type="checkbox"/>	At large (domiciled outside Zim)			<input type="checkbox"/>

SECTION B: PERSONAL DETAILS (attach certified copy of ID)

Title	<input type="text" value="Mr/Mrs/Ms/Rev/Dr"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Surname	<input type="text"/>	First name(s)	<input type="text"/>		
Date of birth	<input type="text" value="/ /"/>	ID Number	<input type="text"/>		
Postal address	<input type="text"/>				
Physical address	<input type="text"/>				
Email address	<input type="text"/>				
Alt. email address	<input type="text"/>				
Phone number	Business	<input type="text"/>	Mobile	<input type="text"/>	

SECTION C: ACADEMIC AND PROFESSIONAL QUALIFICATIONS

Please list all relevant post-high school academic and professional qualifications e.g. diplomas, degrees, certifications etc. Certified copies of certificates and transcripts will be required for validation. Applicants for student membership should indicate Program of Study, Year, Institution and provide a copy of a valid student ID Card.

Institution	Qualification obtained	Start date	Completion date	Class/Grade (if applicable)	<u>Official Use</u>
		mm/yy	mm/yy		
NB – If there is insufficient space to provide all available detail, please use a separate sheet to capture the additional information					

SECTION D: PROFESSIONAL EXPERIENCE AND SKILLS

D1 - PROFESSIONAL EXPERIENCE

Company name and address	Role title& brief description of key responsibilities	Duration		<u>Official Use</u>
		From	To	
		mm/yy	mm/yy	
NB – If there is insufficient space to provide all available detail, please use a separate sheet to capture the additional information				

D2 – SKILLS. Please tick the box corresponding to each skill that you have acquired/developed over the period above

Disaster recovery	<input type="checkbox"/>	Web/app development	<input type="checkbox"/>	IT Consultancy	<input type="checkbox"/>
Sales/Marketing	<input type="checkbox"/>	Database development	<input type="checkbox"/>	Networking	<input type="checkbox"/>
Communications	<input type="checkbox"/>	Business intelligence	<input type="checkbox"/>	Project management	<input type="checkbox"/>
Finance/Accounting	<input type="checkbox"/>	e-Commerce solutions	<input type="checkbox"/>	IT Governance	<input type="checkbox"/>
Architecture	<input type="checkbox"/>	Desktop applications	<input type="checkbox"/>	IT Risk/Information Security	<input type="checkbox"/>
IT Service & Support	<input type="checkbox"/>	IT Security operations	<input type="checkbox"/>	Business & Systems analysis	<input type="checkbox"/>
Programming	<input type="checkbox"/>	Mobile app development	<input type="checkbox"/>	Email/Collaborative solutions	<input type="checkbox"/>
Other (please specify):					

SECTION E: INTERESTS AND MOTIVATION

What is your primary reason for joining the CSZ?

Would you be interested in serving on a Chapter Committee? Yes No

Which of the following Special Interest Groups, Focus Groups and seminars would you be interested in joining/attending? (Please tick all that apply)

Free & Open Source	<input type="checkbox"/>	Software Development	<input type="checkbox"/>	IT Consultancy	<input type="checkbox"/>
IT Governance	<input type="checkbox"/>	Cybercrime/Cybersecurity	<input type="checkbox"/>	Information Security/IT Risk	<input type="checkbox"/>
Renewable energy	<input type="checkbox"/>	Ethical hacking / forensics	<input type="checkbox"/>	Project management	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	Sustainability/Green IT	<input type="checkbox"/>	Disaster Recovery/BCM	<input type="checkbox"/>
Soft skills	<input type="checkbox"/>	Mobile app development	<input type="checkbox"/>	Cloud technologies	<input type="checkbox"/>

Hobbies/Leisure activities Indoor Outdoor

Have you previously held a position within CSZ? Yes No *If yes, please provide detail below*

Role <i>(e.g. President, Committee member)</i>	Level <i>(tick the applicable)</i>			Period	
	Council	Chapter	SIG	From	To
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mm/yy	mm/yy
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SECTION F: SPONSORSHIP DECLARATION (not applicable for students)

(To be completed by applicant's referees – refer to Information Booklet for guidance on acceptable sponsors)

We declare that, to the best of our knowledge, the information contained in this application is accurate. We recommend the applicant as being suitable for admission to the Society in the Membership Grade requested. If asked to do so, we agree to supply further information under confidential cover in support of this application.

Sponsor's Name	CSZ Membership Grade	Telephone Number	Signature	Date
				dd/mm/yy

SECTION G: DECLARATION BY APPLICANT

1. I hereby apply for admission to the Computer Society of Zimbabwe 2. I undertake to abide by the Constitution, Code of Ethics, Code of Professional Conduct, Rules and by-laws of the Society 3. I hereby enclose proof of payment of the non-refundable application processing fee*

Applicant's signature:	Date:
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** Applicants who supply proof that they are bona fide students and wish to apply for Student membership are exempt from the processing fee, but are expected to pay the first year's subscription fee at the prescribed rate.*

For any further details and assistance do not hesitate to get in touch with our secretariat on 242 250489/90, membership@csz.org.zw .

Alternatively, you can visit us at No. 6 Baines Ave, Harare

