



COMPUTER SOCIETY OF ZIMBABWE

PO Box CY164, Causeway, Harare

APPLICATION FOR INSTITUTIONAL MEMBERSHIP

The information given in this form will be kept strictly confidential.

| | | | | | |
|--------------------------|--------------------------------|-------------------|----------------------|------------------------------|--|
| 1. FOR OFFICIAL USE ONLY | Chapter Committee Meeting Date | Chapter Committee | Membership Committee | Membership Number | |
| | | Initials | Initials | Advance Subs. Receipt Number | |
| | | | | Certificate Number | |

2. IDENTIFICATION DETAILS

Name of Company/Organisation

Type of Business

Physical Address: _____ Postal Address: _____

Telephone No(s): _____ CHAPTER AFFILIATION REQUESTED

Telex No. : _____

Fax No. : _____

Email Address : _____ Bulawayo Harare

3. DETAILS OF TWO NOMINATED REPRESENTATIVES (See Information Overleaf)

a) Name: _____ b) Name: _____

Designation: _____ Designation: _____

Own Individual CSZ Membership Grade, if any

Own Individual CSZ Membership Grade, if any

Associate Member Fellow

Associate Member Fellow

Address, if not as above

Address, if not as above

Telephone No.: _____

Telephone No.: _____

4. DECLARATION BY AUTHORISED OFFICIAL(S) OF COMPANY/ORGANISATION

I/We hereby apply for admission to the COMPUTER SOCIETY OF ZIMBABWE and enclose one year's subscription in advance. I/We hereby undertake to abide by the Constitution, the Code of Ethics for Institutional Members (listed overleaf), Rules and By-Laws of the Society, for and on behalf of:

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NAME AND DESIGNATION OF AUTHORISED OFFICIAL(S)

SIGNATURE

DATE