

DURBAN ALUMNI ASSOCIATION SUBSCRIPTION FORM – 2018

DETAILS OF PRINCIPAL MEMBER

Surname: _____ First Name: _____
 Identity Number: _____ Date of Birth: _____

Please cross (X) the relevant box below:

Membership Type:	University of KwaZulu-Natal GRADUATE Membership	
	AFFILIATED Membership	

Address: _____
 _____ Postal Code: _____
 Telephone: Home: _____ Work: _____
 Fax: _____ Cell: _____
 Email: _____

DETAILS OF ADDITIONAL MEMBER

Surname: _____ First Names: _____
 Identity Number: _____ Date of Birth: _____

Please cross (X) the relevant box below:

Membership Type:	University of KwaZulu-Natal GRADUATE Membership	
	AFFILIATED Membership	

Address: _____
 _____ Postal Code: _____
 Telephone: Home: _____ Work: _____
 Fax: _____ Cell: _____
 Email: _____

ANNUAL SUBSCRIPTION	COST PER PERSON	TOTAL COST
Principal Member	R50. 00	
Additional Member	R50. 00	
TOTAL		R

Please complete the above form and return with payment: **(CHEQUES** to be made payable to: **University of KwaZulu-Natal**, Durban Alumni Association) **DIRECT DEPOSITS:** Standard Bank, Account No.: 053080998 , Branch Code: 045426, Reference: Your Name & **8101 30063**

Please Return to: Nomcebo Msweli, Alumni Relations Office,
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