

DURBAN ALUMNI ASSOCIATION SUBSCRIPTION FORM – 2020

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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Telephone: 031 260 2016, Email: mswelin@ukzn.ac.za