

## DURBAN ALUMNI ASSOCIATION SUBSCRIPTION FORM – 2017

### 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 <b>GRADUATE</b> Membership	
	<b>AFFILIATED</b> 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 <b>GRADUATE</b> Membership	
	<b>AFFILIATED</b> Membership	

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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,  
University of KwaZulu-Natal, Howard College Campus, Durban, 4041  
Telephone: 031 260 2016, Email: mswelin@ukzn.ac.za

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