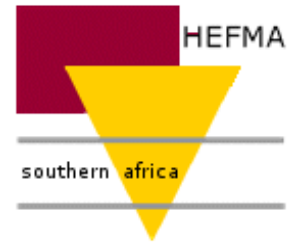




MEMBERSHIP APPLICATION  
BUSINESS PARTNER



Membership is effective for a period of 12 months effective from date of registration with the Association

**Applicant Details**

Name:		
Position:		
Organization:		
Address:		
	Province:	Postcode:
Telephone:	Fax:	
E-mail:	Website:	
Introducing member:		

**Payment Details:**

Please make payment by either EFT (electronic fund transfer) or direct cheque deposit into the HEFMA Southern Africa account listed below. HEFMA is not registered for VAT purposes. Please DO NOT post any cheques.

**HEFMA SOUTHERN AFRICA**

Bank: ABSA  
Account Type: Cheque Account  
Account Number: 405 555 1927  
Branch Code: 632005  
Branch: Durbanville

**Please return completed form to:**

Mr Stuart Blignaut  
HEFMA Treasurer  
Nelson Mandela Metropolitan University  
PO Box 77000, Port Elizabeth, 6031  
E-mail: stuart.blignaut@nmmu.ac.za  
Fax: (041) - 5049484

**PRIVACY ACT**

In compliance with the relevant legislation, the following is brought to your attention:

1. The Membership Application Form collects personal information about you;
2. The information is collected for the purpose of determining whether you will be granted membership with HEFMA
3. The information is being collected for HEFMA and will form part of a membership directory.
4. Member records of all the members of HEFMA will be available to you.
4. The information will be held and stored electronically by HEFMA
5. You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act