



IMPSA

INSTITUTE OF MUNICIPAL PEOPLE PRACTITIONERS OF SOUTHERN AFRICA

The Secretary IMPSA

Please complete, scan and e-mail document and proof of payment to: secretary@impsa.co.za

PAYMENT BY ELECTRONIC TRANSFER TO:
ACCOUNT NAME: IMPSA
ACCOUNT NUMBER: 4079024463 BANK: ABSA BRANCH: 632005
REFERENCE: NAME AND SURNAME

APPLICATION FOR IMPSA MEMBERSHIP

Surname: _____

Full First Names: _____

Postal Address: _____

City/Town: _____ Postal Code: _____

Telephone Work _____ Cell: _____

Gender: _____ ID number: _____

Municipality _____

E-mail Address: _____

HIGHEST ACADEMIC QUALIFICATIONS

(1) Institution: _____

Qualification: _____ Date completed: _____

(2) Institution: _____

Qualification _____ Date completed: _____

POSITIONS HELD (Current on top)

Employer	Position	Period From - to

UNDERTAKING:

I agree to abide by the Code of Conduct of the Institute as set out in its Constitution and confirm that the information supplied is true

MEMBER'S SIGNATURE

DATE