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For office use only:

Date:	
Total paid:	
Bank:	
Invoice No:	
Allocated Mem No:	

NON-GUIDING ASSOCIATE MEMBERSHIP NATURE (2019)

PLEASE FILL IN THE FORM PROPERLY BY:

- Completing all sections of the form **CLEARLY** in **CAPITAL OR BLOCK** letters (**Illegible forms will not be processed**).
- Attaching to the form your **proof of payment**.
- Emailing a recent Jpeg photo or attaching to the form a passport size photo for your membership card. **DO NOT fax photos**.
- When making a payment **CLEARLY state your name** so that your payment can be located on the bank statement.
- Annual subscription fees are payable 1 year from registration date, otherwise membership will no longer be valid.
- **VERY IMPORTANT: ALL** workbooks are in ENGLISH. You need to be able to read and write English to get a FGASA Nature Enthusiast or Knowledge Certificate.
- The Associate Membership **DOES NOT QUALIFY** you to be a guide. Should you wish to obtain a GUIDING qualification, you will need to become a Guide member and register for the Field Guide (NQF2) guiding qualification.

Associate Membership fee NATURE: R1260.00 (Inclusive of VAT, excluding exam) (*Includes Registration, Annual Subscription, Nature Enthusiast Learner Manual and workbook, & local postage*)
Free attendance at FGASA talks, email newsletters and electronic Field News Magazine and discounted book prices, Membership card and Certificate when competent.
Examination fee R350 payable 1 month prior to exam date (*please see separate exam registration form*)

BANKING DETAILS

**FIRST NATIONAL BANK
BRANCH: 260 231
ACC NUMBER: 6249 6791 346**

ALL BANK CHARGES TO BE FOR YOUR ACCOUNT

PLEASE USE CAPITAL LETTERS TO FILL IN THE FORM

Title: _____
(Mr/Mrs/Ms/Dr/Prof)

First Names: _____ Surname: _____

ID Number: _____ Date of Birth: _____

Gender: _____ Race: _____ Nationality: _____
(M/F) (Black/White/Asian/Indian/Coloured)

Home Language : _____ Current Occupation : _____

Postal address : _____

(The address where you would like all documents to be posted to.)

We do not accept responsibility for uncollected mail Province : _____ Code: _____

Home Tel No : _____ Work Tel No : _____

Fax No : _____ Cell No : _____

Email : _____
(In order to send you email newsletters, payment reminders, invoices etc)

PLEASE NOTE: kindly remember to inform us of change of details, eg address, or go onto the FGASA website to update your details



DECLARATION OF APPLICANT:

I hereby certify that to the best of my knowledge, the above information is true and correct

Signature: _____ Date: _____