

NEMATOLOGICAL SOCIETY OF SOUTHERN AFRICA
NEMATOLOGIESE VERENIGING VAN SUIDELIKE AFRIKA
APPLICATION FOR MEMBERSHIP

I _____
(Name of applicant)

apply for membership of the Nematological Society of Southern Africa.

I am enclosing _____ US \$ for the period 19____ - ____ (RSA member: R 50.00/annum;

Non-RSA member _____ US \$ 25.0/annum)

Please make cheque payable to:

Nematological Society of Southern Africa, and sent to:

Mrs Driekie Fourie Agricultural Research Council – Grain Crops Institute,
Private Bag X 1251, Potchefstroom, South Africa
Tel: (018) 299 6352 / Fax: (018) 294 7146 (Int: + 27 18)

NAME: Prof./Dr/Mrs/Miss _____

ORGANIZATION _____

ADDRESS _____

_____ POSTAL CODE _____

% NO _____ AREA CODE _____ INT. CODE _____

FAX NO _____ E-MAIL _____

DATE OF BIRTH _____

PROFFESIONAL QUALIFICATIONS _____

PRESENT POSITION _____

INTERESTS/ CURRENT RESEARCH / EXTENSION _____

NEMATODE GROUPS _____

OLD MEMBER: Yes / No _____ SINCE _____

NEW MEMBER: Yes / No _____ DATE OF APPLICATION _____

SUSTAINING MEMBER: Yes / No _____

SIGNATURE _____ DATE _____