



## CPDAE Membership Form 2015

CONTACT INFORMATION					
Already a member?	<a href="#">Yes/No</a>	If yes, your CPD membership number:			
Surname:		First name(s)		Title:	
Institution:					
Postal Address:					
Postal Code:		Email:			
Telephone:					
Cell phone:					
Fax:					
Research interest areas:					
Region					

MEMBERSHIP OPTIONS			
<i>(Indicate which option by placing "X" in the relevant column)</i>			
Student rate *			
Individual (one year)		Which year:	
Individual (two year) **		Which years:	
Individual (three year)		Which years:	
Institution ***			

PAYMENT METHOD					
<i>(Indicate which option by placing "X" in the relevant block)</i>					
Payment method used:	Direct deposit:		Postal order:		Cheque:
Direct deposit:					
Please make cheques or postal orders out to CPD Journal					

**Please submit your completed membership form with proof of payment to [cpd@unam.na](mailto:cpd@unam.na)**

***THIS FORM IS INVALID IF NOT ACCOMPANIED BY PROOF OF PAYMENT.***

***SME BANKING DETAILS: ACCOUNT NR: 02110586917***

***CONTINUING PROFESSIONAL DEVELOPMENT ASSOCIATION FOR EDUCATORS IN  
NAMIBIA. BRANCH NAME: MAIN BRANCH  
BRANCH CODE: 8801101.***