



## Application for Membership - 2009

Select the appropriate membership for your application:

Student	Associate	Member	Fellow
NQF level 3 / 4 qualification in the field of management or equivalent	NQF 5 /6 qualification	NQF 5 qualification with 4 years managerial experience; OR NQF 6 qualification with 2 years managerial experience	Member requirements plus an additional 4 years management experience, minimum 30 years of age, each application is considered separately

### Cost of membership:

**Registration fee:** R150 (once off fee)

### Annual Subscriptions:

Student	R375	<input type="checkbox"/>
Associate	R450	<input type="checkbox"/>
Member	R600	<input type="checkbox"/>
Fellow	R750	<input type="checkbox"/>

### Certification Fees:

Certified Team Leader	R1500	<input type="checkbox"/>
Certified Supervisor	R2025	<input type="checkbox"/>
Certified Front Line Manager	R3000	<input type="checkbox"/>
Certified General Manager	R4500	<input type="checkbox"/>

### Continuous Professional Development (CPD):

Annual Practitioner Letter	R150	<input type="checkbox"/>
Annual professional review	R450	<input type="checkbox"/>

Registration fee	150
Annual Subscription	_____
Certification fee	_____
CPD	_____
<b>TOTAL</b>	<b>R</b> _____

### Complete the following information:

#### Employer Contact details:

Employer: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Personal details:

Title: \_\_\_\_\_  
 Full Name /s : \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Nationality: \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

### List examinations passed or qualifications obtained:

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**Send to:**  
 The Association of Business Executives South Africa  
 Private Bag X1  
 Postnet Suite 114  
 Jukskei Park  
 2153

**OR E-mail:** Nicolay@abesa.co.za  
**OR Fax:** 0865470930



**Please attach copies of all qualifications attained.**

**Declaration:**

I certify that the information given within this application is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ABESA bank Account details:**

First National Bank

Account Number: 62223404261

Northgate Branch: 256755

**Please use your name and surname as your reference.**

Please attach / include a copy of the deposit slip with your application. Applications will only be processed once the funds have been paid into the Associations account.

For Official Use only					
<b>Nomination:</b>					
Fellow: I am pleased to nominate:					
<b>Student</b>		<b>Associate</b>		<b>Member</b>	<b>Fellow</b>

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