

## MEMBERSHIP APPLICATION FORM

A) NAME OF APPLICANT: \_\_\_\_\_

B) JOB TITLE: \_\_\_\_\_

C) KEY RESPONSIBILITIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Address \_\_\_\_\_

Tel \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Web \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

D) MEMBERSHIP TYPE

- Corporate (1-3 members)     Corporate (4-6 members)     Corporate (7+ members)  
 Individual     Student     Retired

E) DATABASE QUESTIONNAIRE

The aims of the questionnaire are to gain a profile of membership and help identify where attention should be placed to provide better services. Great care will be exercised to preserve the confidentiality of member information. IEA will not make its membership list available to any other organization.

Please complete the questionnaire by ticking the appropriate box.

### 1) Size of Organization

Indicate number of people employed where you are based.

- 1 – 100                       100 – 200                       200 – 400                       400 - 600  
 600 – 1000                       1,001 – 2,000                       2,001 – 3,999                       4,000 – 6,000  
 +6,000

## 2) Industry

Please show your employer's primary activity.

- |  |   |
|--|---|
| <input type="checkbox"/> Manufacturing                     | <input type="checkbox"/> Public Admin-Local Government            |
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Public Administration-Central Government |
| <input type="checkbox"/> Electricity and Water supply      | <input type="checkbox"/> Education                                |
| <input type="checkbox"/> Construction                      | <input type="checkbox"/> Wholesale and retail trade               |
| <input type="checkbox"/> Hotels, Motels, Restaurant        | <input type="checkbox"/> Transport                                |
| <input type="checkbox"/> Finance, Insurance, Real Estate   | <input type="checkbox"/> Consultancy                              |
| <input type="checkbox"/> ICT Industry                      |   |

## 3) Experience Level

- Below 3 years                       4 - 9 years                       Above 10

## 4) Current Education Level

- Secondary Education     Diploma     Degree     Postgraduate Diploma/ Masters

## 5) Payment of Membership Fees

- Self                                       Sponsored

## 6) Attachments

Please attach your recent CV, Certificate copies of your highest qualifications and two passport size photos.

## 7) Names and Addresses of Referees

_____	_____
_____	_____

**Referee no1**

**Referee no 2**

For IEA Use Only

Management Approval \_\_\_\_\_ Date \_\_\_\_\_  
Signature

## Our Banking Details

Name of Bank - Mybucks Banking Corporation  
Account Name - Pan African Learning and Growth Network;  
Branch - Blantyre Branch  
Current A/c Number - 9271749700010