



RENEWABLE ENERGY ASSOCIATION OF ZIMBABWE MEMBERSHIP APPLICATION

Room 201 Stanley House Jason Moyo Ave Harare Tel 04 764 112
 renewableenergyzimbabwe.reaz@gmail.com

TYPE OF MEMBERSHIP (INDICATE WITH X)

Corporate/Institutional	Individual	Student	Associate	International	Honorary	Professional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT INFORMATION

PLEASE USE BLOCK CAPITALS

CORPORATE/INSTITUTIONAL/INTERNATIONAL ORGANISATION MEMBER

Company/Organization name:

Current address:

PHONE & FAX:

E-mail:

Name & Position of Representative:

INDIVIDUAL/PROFFESIONAL/STUDENT MEMBER DETAILS

Name:

E-mail

Date of birth:

Age

Phone:

Current address:

EMPLOYMENT/EDUCATIONAL INFORMATION

Current employer/Current Educational Institution (*for Students*):

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

Country:

Position/Course:

REFERENCES

Name	Address	Phone



RENEWABLE ENERGY ASSOCIATION OF ZIMBABWE MEMBERSHIP APPLICATION

ENERGY SECTORS (tick where applicable)

SOLAR	HYDRO	BIOMAS	THERMAL	WIND	NON-SPECIFIC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEMBERSHIP CLASS		FEES PAYABLE (USD)	VOTING RIGHTS	BENEFITS
CORPORATE	PLATINUM	1000	1	
	GOLD	500	1	
	SILVER	300	1	
INTERNATIONAL		2000	1	
PROFESSIONAL		200	1	
INDIVIDUAL		100	1	
ASSOCIATE		100	1	
STUDENT		10	0	
HONORARY		0	0	

**PAYMENTS TO : REAZ, ACCOUNT NUMBER 1005748012 CABS, NORTHRIDGE PARK BRANCH
PLEASE USE YOUR NAME/COMPANY NAME AS A REFERENCE**

*OFFICE USE**

MEMBERSHIP NUMBER

SUBSCRIPTION PAYMENTS		DATE STAMP
DATE	AMOUNT	

DECLARATION & SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application and I warrant that I have read and understood the Constitution and Code of Conduct and shall abide by the conditions thereof.

Signature of applicant:

Date:

NOTES: