MEMBERSHIP APPLICATION FORM

AFRICA ARTS ASSOCIATION

Secretariat Department

P.O.Box: 970 Walvis Bay, Namibia

Email:africaartsassociation@africaartsassociation.com / africaartsassociation@gmail.com

Tel: +264 220876 Fax: +264 221511



Α	TYPE OF APPLICATION	NEW		
		RENEWAL		
_	TYPE OF MEMBERSHIP			
В	TYPE OF MEMBERSHIP	NATIONAL ENTITY (Non		
		Government Organization) \$100	Payments ca	n be made by Bank to:
		annually		
		ASSOCIATE MEMBER \$10	Accounts Na	
		annually		nber : 2000452092
		INTERNATIONAL AND	Branch Code	
		REGIONAL NGO'S \$50	Swift Code: E	BWLINANK
		annually INDIVIDUAL MEMBER (friend of	Bank Windho	ook Branch
		AFrAA) \$10 annually	Namibia	er Dianen,
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
C	APPLICANT DETAILS			
		NAME		
		ADDRESS WEBSITE		
		PHONE		
		FAX		
		E-MAIL		
		STATUS (If organization)		
	if organization			
		NAME OF		
		PRESIDENT/CHAIRPERSON NAME OF REPRESENTATIVE	-	
		TO AFRICA ARTS ASSOCIATION	I	
D	ACTIVITIES	(short description of organi	zation or CVs of individual)	
E	DATE APPLICATION			
		DAY	MONTH	YEAR
F	NAME AND SIGNATURE			
		NAME		SIGNATURE



Swift Code:

BWLINANX

AFRICA ARTS ASSOCIATION (AFRAA)

An International Non-Profit Organization governed by Africa Arts Association and International Law

Secretariat Department

P.O.Box : 970 Walvis Bay, Namibia Tel: +264 220876Fax: +264 221511

E-mail: africaartsassociation@gmail.com, Website: www.africaartsassociation.com

MEMBERSHIP APPLICATION FORM

ADDRESS FAX	FOR ORGANIZATIONS							
TEL: FAX: EMAIL ADDRESS: NAME OF CONTACT PERSON: ADDRESS: TEL: FAX: EMAIL ADDRESS: TEL: FAX: EMAIL ADDRESS: ACTIVITIES / INTERESTS: FOR INDIVIDUAL PERSON AMME OF INDIVIDUAL PERSON: ADDRESS: TYPES OF MEMBERSHIP: NEW RENEWAL One year Payment (USS) POWNEETHAN DOWNEETHAN	NAME OF ORGANIZATION:							
ADDRESS FAX	NAME OF PRESIDENT / CHAIRPERSO	<u>ON</u> :						
TEL:	ADDRESS:							
NAME OF CONTACT PERSON: ADDRESS: TEL: FAX: EMAIL ADDRESS: ACTIVITIES / INTERESTS: FOR INDIVIDUAL PERSON NAME OF INDIVIDUAL PERSON: ADDRESS: TEL: FAX: EMAIL ADDRESS: TEL: FAX: EMAIL ADDRESS: TEL: FAX: EMAIL ADDRESS: ACTIVITIES / INTERESTS: TYPES OF MEMBERSHIP: NEW RENEWAL One year Payment (USS) One year Payment (USS) INTERESTS: TYPES OF MEMBERSHIP: NEW RENEWAL One year Payment (USS) ONE YEAR, FILL THE AMOUNTN THE BOXES PRICTIVIELY Applicant Date: (Applicant Date: One year Payment (USS) INTERESTS: TYPES OF MEMBERSHIP: NEW RENEWAL One year Payment (USS) ONE YEAR, FILL THE AMOUNTN THE BOXES PRICTIVIELY Applicant Date: One year Payment of Your paymon of Your paym								
TEL :	EMAIL ADDRESS :							
TEL :	NAME OF CONTACT PERSON:							
EMAIL ADDRESS: ACTIVITIES / INTERESTS: FOR INDIVIDUAL PERSON NAME OF INDIVIDUAL PERSON: ADDRESS: TEL: FAX: EMAIL ADDRESS: ACTIVITIES / INTERESTS: TYPES OF MEMBERSHIP: NEW RENEWAL One year Payment OUSS: BELOW RESPECTIVIELY (I) National Entity Member (No. of members of organization: 100 (3) International/Regional NGO's/Group Member (No. of members of organization: 100 (3) International/Regional NGO's/Group Member (No. of members of organization: 100 (4) Individual Member 20 (5) Student Member Free Free Seconded by. PAYMENT METHOD: Cash Bank transfer to: AfrAA Bank Name: Bank Windhook Brank, Namibia,								
ACTIVITIES / INTERESTS: FOR INDIVIDUAL PERSON NAME OF INDIVIDUAL PERSON: ADDRESS: TEL: FAX: EMAIL ADDRESS: ACTIVITIES / INTERESTS: TYPES OF MEMBERSHIP: NEW RENEWAL One year Payment (USS) AMOUNT IN THE BOXES BELOW RESPECTIVELY (No. of members of organization: 100 (1) National Entity Member (No. of members of organization: 100 (3) International/Regional NGO's/Group Member (No. of members of organization: 100 (4) Individual Member 20 (5) Student Member Free Free Seconded by Date: Da								
FOR INDIVIDUAL PERSON NAME OF INDIVIDUAL PERSON: ADDRESS: TEL: FAX: EMAIL ADDRESS: ACTIVITIES / INTERESTS: TYPES OF MEMBERSHIP: NEW RENEWAL One year Payment (USS) AMOUNT IN HE BOXES BELOW (No. of members of organization: 100 (1) National Entity Member (No. of members of organization: 100 (2) Associate Member (No. of members of organization: 10 (3) International/Regional NGO's/Group Member (No. of members of organization: 10 (4) Individual Member 20 10 10 10 10 10 10 10 10 10								
NAME OF INDIVIDUAL PERSON: ADDRESS: TEL:								
ADDRESS: TEL:	FOR INDIVIDUAL PERSON							
TEL: FAX: EMAIL ADDRESS: ACTIVITIES / INTERESTS: TYPES OF MEMBERSHIP: NEW RENEWAL One year Payment (USS) FOR MORE THAN ONE YEAR, FILL THE AMOUNT IN THE BOXES BELOW RESPECTIVELY (1) National Entity Member (No. of members of organization: 100 (2) Associate Member (No. of members of organization: 10 (3) International/Regional NGO's/Group Member (No. of members of organization: 10 (4) Individual Member 20 (5) Student Member Free Free Seconded by Cash	NAME OF INDIVIDUAL PERSON :							
TEL:	ADDRESS:							
ACTIVITIES / INTERESTS: TYPES OF MEMBERSHIP:								
TYPES OF MEMBERSHIP: NEW RENEWAL One year Payment (USS) (1) National Entity Member (No. of members of organization: 100 (3) International/Regional NGO's/Group Member (No. of members of organization: 50 (4) Individual Member 20 (5) Student Member Free Free Free Seconded by. PAYMENT METHOD: Cash Bank transfer to:- Account Name: AfrAA Bank Name: Bank Windhoek Brank, Namibia,	EMAIL ADDRESS :							
One year Payment (US\$) One year Payment (US\$) One year Payment (US\$) If YOUR PAYING FOR MORE THAN ONE YEAR, FILL THE AMOUNT IN THE BOXES BELOW RESPECTIVIELY I (1) National Entity Member (No. of members of organization:	ACTIVITIES / INTERESTS :							
Cone year Payment (USS)	TYPES OF MEMBERSHIP: NI	EW 🔲 I	RENEWAL					
Cuss AMOUNT IN THE BOXES BELOW RESPECTIVELY (1) National Entity Member (No. of members of organization:			FOR MORE THAN					
Cash			AMOUNT IN THE	Signature				
Cash Bank transfer to:- Associate Member Cash Bank Name: Bank Windhoek Brank, Namibia, Cash Bank Name: Bank Windhoek Brank, Namibia, Date:				()				
Cash	(1) National Entity Member (No.of members of organization:	100		1				
Cash Bank transfer to: Account Name: AfrAA Bank Name: Bank Windhoek Brank, Namibia, Account Name: Bank Windhoek Brank, Namibia, Nominated / Proposed by Nominated / Proposed by Date: Date		10		Date:				
Seconded by Proposed by Date: Date: Date: Date: Date: Date: Date: Date: Date: Date	No.of members of organization:	10		Nominated /				
Cash Date:		50		Proposed by				
Cash Date		30						
Seconded by Seconded by Seconded by Date	(4) Individual Member	20		Date.				
PAYMENT METHOD: Cash Bank transfer to: Account Name: AfrAA Bank Name: Bank Windhoek Brank, Namibia,	- \		Free	Seconded by				
Cash Bank transfer to: Account Name: AfrAA Bank Name: Bank Windhoek Brank, Namibia,		1100						
Bank transfer to:- Account Name: AfrAA Bank Name: Bank Windhoek Brank, Namibia,				Date				
Account Name: AfrAA Bank Name: Bank Windhoek Brank, Namibia,								
	Account Name: AfrAA							
Account Number: 2000452002	Bank Name: Bank Windho Account Number: 2000452092		oia,					

FOR OFFICIAL USE	T	
Received (US\$)	Approval at Board Meeting	Date
(Invoice no: Membership Fee Year:)		Date
Signature		Date:
()	()
Secretariat		
	! !	Form updated by gs on: 30.3.2017