



RENEWAL/APPLICATION FOR MEMBERSHIP

(Please complete in block capitals, attach your CV and evidence of qualifications & email to admin@ziosh.org.zw). For renewals please quote membership number in Section 1.

1. PERSONAL INFORMATION

Male Female Date of Birth...../...../..... Nationality.....
 Title:....First Name:.....Surname:..... Membership #.....
 Contact Address:.....
 Cell/Telephone Number:.....Email Address:.....

2. EDUCATION AND PROFESSIONAL QUALIFICATIONS

Education.....

Other qualifications.....

3. BUSINESS INFORMATION

Organisation.....Job Title:.....
 Business Telephone No.(s):.....Fax No.:.....
 Type of Organisation: Manufacturing Commerce & Distribution
 Mining & Quarrying Agriculture & Forestry Building & Construction
 Others – (Specify):.....

4. MEMBERSHIP CATEGORY:.....Category granted.....

5. PAYMENT (please specify currency of transaction e.g. USD, ZWL)

Registration Fees Amount Paid:.....ZIOSH Rep.....
 Membership Amount Paid:.....ZIOSH Rep.....

6. DECLARATION

Please accept this application form and accompanying documents as my formal application for membership of the Zimbabwe Institute of Occupational Safety and Health (ZIOSH). By signing this declaration I declare that the information I have submitted is true and accurate to the best of my knowledge and belief and I understand that membership gained by misrepresentation of qualifications, status or experience may result in cancellation of my membership with no refund. If admitted to ZIOSH, I agree to abide by the provisions of the Code of Ethics, as amended by resolution of the Executive Committee from time to time.

SIGNATURE: _____ **DATE:** _____