



SAMOA INFORMATION TECHNOLOGY ASSOCIATION

MEMEBERSHIP APPLICATION FORM

Last name	First name	Title (Mr, Mrs, Ms etc)
Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>	DATE

Membership Type <i>(Please Tick)</i>	Full <input type="checkbox"/>	Associate <input type="checkbox"/>	Affiliate <input type="checkbox"/>	Student <input type="checkbox"/>	Fellow <input type="checkbox"/>
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Job Title	Current Employer
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Home Address	Work Address
Phone	Phone
Mobile	Fax
Email	Email

Academic Qualifications *(Please attach certified copies supporting documents)*

Qualification	Year Attained	Institution	Country

Work Experience *(Please provide only a brief summary or roles and responsibilities)*

Organisation	Position	Responsibilities	Dates

Referees *(Please provide contact details for someone who can verify roles and responsibilities)*

Name	Organisation	Contact Details

Applicants Declaration: I declare that all information is true and correct, and if admitted to the Society, I understand that I am bound to the Rules, Regulations and Codes of the Society as amended from time to time.

Signature	Date
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OFFICE USE ONLY

DATE	PAID	RCPT No.
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Please specify other memberships: _____

APPROVE / DECLINE	Membership No.
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