

APPLICATION FORM FOR MEMBERSHIP OF ECEAC

Full name of person nominated: _____

Title _____ Gender _____

Is a curriculum vitae of nominee attached? _____

Name of organisation: _____

Attached a covering letter with the following information:

1. Field of expertise and experience: _____

2. Motivation why person is nominated (inclusive of qualities and character traits of person)

3. Name of proposer: _____

4. Address if proposer: _____

5. Contact details of proposer: Email: _____

Fax: () _____ Tel: () _____ Cell: _____

6. Name of seconder: _____

7. Signature of seconder: _____

8. Contact details of seconder as in 5 above: _____

Organisation: _____

Name of CEO or Chairperson of organisation: _____

Tel: () _____ Cell: _____ E-mail _____

Postal Address: _____

Number of affiliated members: _____

Physical Address: _____

Name of representative: _____

Telephone: _____

Facsimile: _____

E-mail: _____

Name of alternate: _____

Telephone: _____

Facsimile: _____

E-mail address: _____

Download background information on ECEAC: <http://www.ecdoe.gov.za/publications/1/3/all>