



# Membership Application/Renewal Form 2024

(1 January 2024 – 31 December 2024)

Please complete in capital letters

\*Included for statistical reporting purposes to Department of Social Development & Funders

Would you like to participate in Research?	Yes	No
May we use your photograph taken at workshops, conference etc	Yes	No
Do you agree to receive information on education and training opportunities?	Yes	No

Title:	Initials:	First name(s):	Surname:					Gender	Race group*	
Regional Chapter:	EC:EL	EC:PE	FS & NC	JHB	KZN	LIM	MPU	NW	PTA	WC
Sector in which Employed:	PUBLIC		PRIVATE		UNIVERSITY			NURSING EDUCATION STUDENT (add proof)		
Employer:										

## Required for CPD points:

ID number	NEA Number	SANC number	Area of specialisation

## Address (required for posting the PNT magazine):

P O Box or Street Name:	
Suburb:	
City:	Postal Code:
E-mail:	
Cell:	

## Membership Fees:

R330.00 per annum

- R270.00 nursing education students – provide proof of HEI registration
- Members 65 years and older 50% of annual fee – R165.00

## NEA Bank Details

Bank: First National Bank  
Account Name: Nursing Education Association  
Branch: Lynnwood, Pretoria  
Branch Number: 252045  
Account Number: 52130065959  
Account Type: Cheque  
Ref: ID or Invoice Number

**Please fax this form and proof of payment to [ceo.nea@edunurse.co.za](mailto:ceo.nea@edunurse.co.za)**

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