



Membership Application/Renewal Form 2025

(1 January 2025 – 31 December 2025)

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:

R350.00 per annum

- R300.00 nursing education students – provide proof of HEI registration
- Members 65 years and older 50% of annual fee – R175.00

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

1177 Woodlands Avenue
Queenswood
Pretoria 0186

P O Box 35763
Menlopark
Pretoria 0102

Tel: 012 333 1415/ 6426/ 8912
Fax: 086 244 6955

e-mail: ceo.nea@edunurse.co.za
www.edunurse.co.za