## INDIVIDUAL MEMBERSHIP APPLICATION FORM FOR ADMISSION TO ALL MEMBERSHIP CATEGORIES FOR ICT MEMBERSHIP



Information Communication & Technology
Association of Zambia

Plot 3771, chilubula road, Olympia park, Lusaka Contact No. +260975504321 Email: <u>Registrar@ictaz.org.zm</u> / membership@ictaz.org.zm

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Received by: R MNILA Date: 05-05-61
Class Applied for:
Recommendation: Yes No
Approved by:
Date Approved
Membership no:

## SECTION A: PERSONAL & PROFFESSION DETAILS

1) Surname Citit PA	First Name	CEPHAS	
2) Postal Address: ZCCM 1#			
3) Date of Birth: 2367/1995 N	RC/Passport No: 34766	7/65/1 Mobile No	6975 80 8750
If not Zambian: Permit type:	E-Mail address:	cephas chapa &	gmail: Com.
4) Current Category: LCT			
5) Name of Current Employer or Educat	ion institution: PR	OBASE TIMI	780
6) Postal Address: ZCCM 1H	OFFICE PARK	<	
7) Office Job Title or Year of Study:	SOFTWARE D	, ६५५००१९८	

## SECTION B: ACADEMIC / PROFFESSIONAL DETAILS

9) Name of last High School attended: ST MARCELLIN'S SECONDARY