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: 05-05-65
Class Applied for:
Recommendation: Yes No
Approved by:
Date Approved
Membership no:

SECTION A: PERSONAL & PROFFESSION DETAILS

1) Surname City PA	First Name	CEPHAS	•
2) Postal Address: ZCM 1#	OFFICE PARK	1	Nationality ZAMBIAN
3) Date of Birth: 23/67/1995 N			
If not Zambian: Permit type:	F-Mail address:	cephas cho	pa@gmailicon
4) Current Category:			
5) Name of Current Employer or Educat			
3) Name of Carrent Employer of Educat	ion institution		
6) Postal Address: ZCCM 1H	OFFICE PAR	·K	
7) Office Job Title or Year of Study:	CATTUA RE	DEVGLOPS	R
/) Office Job Title or Year of Study:	001 100		

SECTION B: ACADEMIC / PROFFESSIONAL DETAILS

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