



GEOSTATISTICAL ASSOCIATION OF SOUTHERN AFRICA

CONTACT DETAILS UPDATE / APPLICATION FORM FOR MEMBERSHIP

Please print, complete legibly and return via one of:

fax: (011) 638-4729 post: Treasurer, GASA, PO Box 62285,
email: treasurer@gasa.org.za Marshalltown, 2107

Title: Initials:

Surname: Preferred First Name:

Postal Address:

..... Postal Code:

e-mail:

Phone Numbers: (Work) (Home)

(Fax) (Cellular)

Occupation: Employer:

Highest Academic Qualification:

Membership of other Professional Bodies:

Another member through whom you may be contacted (if any):

Name: Phone: e-mail:

Declaration:

Through this application for membership, I am committed to supporting the Association and its Office Bearers in their endeavours to promote the theory and practice of Geostatistics. I hereby declare the above personal details to be correct and undertake to inform the Association in writing of any future changes. I accept personal responsibility for paying annual membership dues (currently R50-00p.a.), regardless of any benefit arrangements that I may enjoy as an employee.

Date:

Signature: