



**New Membership Application
and Membership Update Form**

Please complete the information below and fax back to us on (011) 484-8716 or scan and email to membership@iob.co.za. Please do not hesitate to contact us on 011 481 7000.

Personal Details

Please indicate your response by marking the appropriate block with an X

1) Are you a new or existing member of the Institute of Bankers

New Member:	<input type="checkbox"/>	Existing Member:	<input type="checkbox"/>
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IOB Membership Number (if applicable):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2) Title:

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="checkbox"/>	(Specify)
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Please print clearly

3) Surname: _____

4) Previous Surname: (if applicable): _____

5) First Names: _____

6) Home Language: _____

Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ID or Passport No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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7) Race (This information is required by the Department of Education)

Asian	<input type="checkbox"/>	Black	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	White	<input type="checkbox"/>
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8) Home Language: _____

Contact Details

9) Contact Details: (B) _____ (Cell) _____
 (H) _____ (Fax) _____
 (e-mail address) _____

10) Residential Address: _____

11) Postal Address: _____

12) Postal Code: _____

13) City/Town: _____ Province: _____

Employment Details

14) Current Job Level

Clerical		Supervisory		Management		Senior Management	
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15) Employer: _____ Branch: _____

16) Division/ Business Unit: _____

17) Physical Address: _____

18) Postal address: _____

19) Postal Code: _____

20) City /Town: _____ Province: _____

Membership Fees

RSA - R290	SADC - R325	International - R350
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Banking Details

21) Bank: _____

Branch (First 6 Digits only)														
Account Number:														
Employee Number														

Please read carefully and if you accept the terms and conditions then please sign below:
 I agree to abide by the constitution and the bye-laws of The Institute of Bankers. I undertake that should I wish to withdraw from membership, I shall formally notify The Institute in writing before the end of December each year. I hereby authorize The Institute to debit my bank account/salary with the annual membership subscription until such time as I cancel my membership.
 I here confirm that the information supplied by me on this membership application and/or membership update form is correct. I further confirm that I accept all terms and conditions above has been read, understood and accepted.

Date: _____ Signature: _____

For Office Use Only

Date Processed: _____ Receipt Number _____
 New Membership Number: _____

Welcome aboard.