

HIGHER EDUCATION TRANSFORMATION NETWORK

Non-Profit Organization (NPO) Reg No: 116-851

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MEMBERSHIP FORM

PARTICULARS OF APPLICANT:

Surname: _____ First Names: _____ Title: _____

Address (Postal): _____

Postal Code: _____

Address (Home): _____

Postal Code: _____

Tel No. (H): _____ Cell No.: _____

E-Mail: _____ Citizenship: _____

I.D.No: _____ Date of Birth: _____

Language Preference:

A	E
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 Home Language: _____

EDUCATION

Name of Tertiary Institution: _____

Academic Qualification Obtained: _____ Student Number: _____

DECLARATION:

I, _____ the undersigned, certify that the information given on this form is true and correct and hereby undertake to abide by the Constitution of the Higher Education Transformation Network(HETN), abide by its objectives and maintain my membership subscription should I be accepted as a member.

Signature of Applicant: _____ Date: _____

BANKING DETAILS

Account Name: Higher Education Transformation Network
Bank: Standard Bank
Branch: Lynwood Ridge
Branch Code: 051001
Account No: 014292998
Account Type: Savings

Membership Fees- R30 per month
or
R360 per annum