



ZAMBIA SOCIETY FOR PUBLIC ADMINISTRATION

Membership Form

ZAMBIA SOCIETY FOR PUBLIC ADMINISTRATION
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Lusaka, Zambia.

Cell: 0977461201, 0972180050

Email: information@zspaonline.org,
kelvinesiasa@zspaonline.org

www.zspaonline.org

Please tick the membership class you are applying for. For information on Membership Classes, please revert back to us. For further information, contact us on our details above.

Annual Individual Membership
Annual Student Membership
Annual Corporate Membership

K750
K200
K5,000

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PART A: ANNUAL INDIVIDUAL MEMBERSHIP

This part is for Individual and Student Membership applicants only. For Corporate Membership please fill in Part B. Please fill in the required information accurately. Fields marked with(*) are compulsory.

Title*:	<input type="text"/>												
Name*:	<input type="text"/>												
Gender*:	<input type="text"/>												
Date of Birth (dd-mm-yyyy):	<input type="text"/>												
ID/Passport No*:	<input type="text"/>												
Nationality*:	<input type="text"/>												
Profession:	<input type="text"/>												
Summary of Qualifications:	<input type="text"/>												
	<input type="text"/>												
	<input type="text"/>												
What services would you like to acquire from ZSPA	<table border="0"> <tr> <td>Professional Training</td><td><input type="checkbox"/></td> <td>Job Vacancies/recruitment</td><td><input type="checkbox"/></td> </tr> <tr> <td>Awards and other events</td><td><input type="checkbox"/></td> <td>Monthly Newsletter</td><td><input type="checkbox"/></td> </tr> <tr> <td>Standards and benchmarking</td><td><input type="checkbox"/></td> <td>Resource Library Access</td><td><input type="checkbox"/></td> </tr> </table>	Professional Training	<input type="checkbox"/>	Job Vacancies/recruitment	<input type="checkbox"/>	Awards and other events	<input type="checkbox"/>	Monthly Newsletter	<input type="checkbox"/>	Standards and benchmarking	<input type="checkbox"/>	Resource Library Access	<input type="checkbox"/>
Professional Training	<input type="checkbox"/>	Job Vacancies/recruitment	<input type="checkbox"/>										
Awards and other events	<input type="checkbox"/>	Monthly Newsletter	<input type="checkbox"/>										
Standards and benchmarking	<input type="checkbox"/>	Resource Library Access	<input type="checkbox"/>										
Other (specify)	<input type="text"/>												
Contact Tel/Cel:	<input type="text"/>												
E-mail:	<input type="text"/>												
Permanent Address	<input type="text"/>												
	<input type="text"/>												

AUTHORISATION & DECLARATION

I, the undersigned hereby declare that the information given above is correct to the best of my knowledge and I am submitting this application to the ZSPA for admission to the Society. If admitted, I accept and agree to abide by the code of ethics and constitution of the Society as they now exist and as may hereafter be altered.

Signature:

Date:



ZAMBIA SOCIETY FOR PUBLIC ADMINISTRATION

Membership Form

PART B: ANNUAL CORPORATE MEMBERSHIP

This part is for Corporate Applicants only. For Individual and Student Membership please fill in Part A.
Please fill in the required information accurately. Fields marked with(*) are compulsory.

Company Name*:	<input type="text"/>			
Physical Address*:	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Telephone Numbers*:	<input type="text"/>			
Country of Incorporation*:	<input type="text"/>			
Industry/ Sector*:	<input type="text"/>			
Name of Department Head*:	<input type="text"/>			
E-mail of Department Head*:	<input type="text"/>			
Company Website:	<input type="text"/>			
Total number of organization or government department employees*:	<input type="text"/>			
Practitioner capacity*:	<input type="text"/>			
Target practitioner capacity by 2017	<input type="text"/>			
What services would you like to acquire from ZSPA:	Staff training	<input type="checkbox"/>	Departmental Surveys	<input type="checkbox"/>
	Public Service Awards	<input type="checkbox"/>	Monthly Newsletter	<input type="checkbox"/>
	Standards and benchmarking	<input type="checkbox"/>	Resource Library Access	<input type="checkbox"/>
	Mystery shopping	<input type="checkbox"/>	Staff Recruitment	<input type="checkbox"/>
	Industry Networking	<input type="checkbox"/>	Consultation services	<input type="checkbox"/>
	Policy Analysis	<input type="checkbox"/>	Public Research	<input type="checkbox"/>
	Employee Certification	<input type="checkbox"/>	Advisory services	<input type="checkbox"/>
Other (specify)	<input type="text"/>			
	<input type="text"/>			

AUTHORISATION & DECLARATION

I, the undersigned hereby authorize the above application to the ZSPA for admission to the Society. If admitted, my organization accepts and agrees to abide by the code of ethics and constitution of the Society as they now exist and as may hereafter be altered and will endeavor to advance its mission and work. I certify that all information provided herein is valid and correct and that I am authorized on behalf of my organization to sign this application.

Name:	<input type="text"/>
Designation	<input type="text"/>
Contact numbers	<input type="text"/>
E-mail:	<input type="text"/>
Date	<input type="text"/>
Signature:	<input type="text"/>