



CISANET Membership Form

Fill all the appropriate information on this form

Name: _____

Address: _____

City: _____ Country: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Tick the appropriate category of membership

Full membership

Associate membership

Honorary membership

Annual subscription fees for _____ membership category

Please find enclosed a cheque in the amount of MK _____ as payment for membership/annual subscription (delete what is not applicable) to CISANET.

Once filled, please send the form to:

**The Communications & Membership Officer
CISANET Secretariat
Anamwino House, City Centre
Adjacent to Airtel House
P.O. Box 203
Lilongwe, MALAWI
Fax +265(0) 1 770 492
E-mail cisanet@cisanetmw.org**

Notes:

- 1 The membership/subscription fees have to be paid by 30th June annually
- 2 CISANET shall provide a receipt within 10 days of receipt of the membership dues
- 3 The addresses will automatically be included in an annual register of CISANET members
- 4 Any registered member can request for financial information from CISANET by writing to the Board Chairperson, CISANET, P.O. Box 203, Lilongwe, MALAWI or e-mail cisanet@cisanetmw.org