



ZAMBIAN ARCHIVES & RECORDS MANAGEMENT ASSOCIATION

Zambian Archives and Records Management Association

P.O Box 50010, Lusaka

INDIVIDUAL MEMBERSHIP APPLICATION FORM

Title _____

Surname _____ First Name _____

Educational/ Professional qualification _____

Specialisation _____

Postal address _____ Physical address _____ Street _____

Town _____ Province _____

Cell _____ E-mail _____

Job Title _____ Signature _____

Institution / Organisation/ Employer _____

Membership Fee

CATEGORY	AMOUNT	TICK
PHD	K500	
Masters	K450	
Degree	K400	
Diploma	K300	
Certificate/ Associate	K250	
Student	K100	

FOR OFFICIAL USE ONLY

Approved _____ Signature _____ Date _____

Membership No. _____ Date Received _____ Receipt No. _____

Please make all money orders and cheques payable to the Zambian Archives and Records Management Association (ZARMA) or make a direct credit into the ZARMA account No. 5827076500109, Zambia National Commercial Bank, Twin Palm Branch, Lusaka Zambia. Attach a copy of the deposit slip to the filled in form and send to zarma.association@gmail.com. For further information call secretariat on 0977161535 / 0955124760.