



Union of Zimbabwean Educators - Western Cape

(UZE-WC)

...making a difference in education.

204 Lan Margo Court, Maitland, 7404

MEMBERSHIP REGISTRATION FORM

1. MEMBER'S PARTICULARS

Title: Mr/Ms/Mrs/Dr/Prof

Name:.....Surname:.....

Date of Birth:.....Passport Number:.....

Work Permit/Permanent Residence/Asylum Seeker Status Number:.....

Postal address:.....

Postal Code:

Cell phone Number:.....Telephone No. (work):

2. NAME OF SCHOOL AND SCHOOL ADDRESS

School:.....

School Address:.....

District:.....

Subject(s) being taught and Level:.....

3. EDUCATIONAL QUALIFICATIONS

(Provide certified copies of certificates. No originals please!)

SACE Registration Number:

NB: If not SACE-registered, provide the following proof of training as a teacher.

Professional Qualification(s):

Degree/Diploma:

I hereby agree to abide by the constitution of the Union of Zimbabwean Educators –Western Cape

Signature:.....Date:.....

For official use only:

*The member has supplied copies of **SACE certificate/ professional qualifications** and I have stapled them to this form. Official's name:SignatureDate.....*

Scan and email your completed membership registration form and copies of relevant certificates (SACE or Professional qualification certificates for those with SACE certificates) to jmutsvairo@yahoo.com or kmachengete@gmail.com