



**LOCAL AUTHORITIES MANAGERS ASSOCIATION OF SWAZILAND
(LAMAS)**

APPLICATION FORM

(Please fill in in block letters)

Name (In full):.....

Citizenship:.....

Date of Birth:.....

Profession:.....

Highest Qualification obtained:.....

*Qualification to be obtained in three years:.....

***NB** Not applicable to prospective members who already have degrees or any other qualification equivalent to a degree

Have you ever been suspended from duty or having a pending inquiry for anything relating to dishonesty and professional misconduct [tick] **[yes]** or **[no]**

If yes, explain briefly:.....

.....

.....

Organisation:.....

Position:.....

Date of Application:.....

Signature: (Applicant).....

Official use only:

Comments of Executive Committee:.....

.....

.....

Membership approved/not approved on (Date):.....

Signature: (President)..... Membership No.:.....