

ZMF 2021 ASSOCIATION MEMBERSHIP APPLICATION FORM (*Fill in and return*)

1	NAME OF THE ASSOCIATION	
2	CHAIRPERSON (Please provide Name and Contact Number)	
3	VICE CHAIRPERSON (Please provide Name and Contact Number)	
4	SECRETARY GENERAL (Please provide Name and Contact Number)	
5	TREASURER (Please provide Name and Contact Number)	
6	COMMITTEE MEMBER (Please provide Name and Contact Number)	
7	DISTRICT	
8	PROVINCE	
9	NUMBER OF MEMBERS (Please provide full Register of members with ID Numbers & Telephone Numbers on a separate schedule)	
10	MINERALS MINED	

Signature _____ **Date**

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Signature _____ **Date**

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+263 780 051 694
 +263 780 051 695
 +263 717 086 651
 +263 717 086 652
 +263 242 447 950 (landline)

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