

CAASA Membership Registration Form

Section A: Personal Details

1. Surname: _____
2. First Names: _____
3. Title (☐ Dr/ ☐ Mr/ ☐ Ms. ☐ /Prof/ ☐ Other): _____
4. Date of Birth: _____
5. Gender (Optional): ☐ Male, ☐ Female, ☐ Prefer not say
6. South African ID: _____
7. Nationality: _____

Section B: Contact Details

8. Mobile Number: _____
9. Alternative Contact Number: _____
10. Email Address: _____
11. Residential Address:
City/Town: _____
Province: _____
Postal code: _____

Section C: Cuban Training Details

12. Cuban Institution Attended: _____
13. Field of Study/Qualification:
☐ Medicine
☐ Engineering
☐ Education
☐ Natural Sciences
☐ Social Sciences
☐ Other
14. Year Training Commenced in Cuba: _____
15. Year Training Completed in Cuba: _____
16. Country Where Qualification was Completed/Validated

Section D: Professional Details

17. Current Profession/Occupation: _____
18. Employer/Institution (If applicable): Public ☐ or Private ☐
19. Professional Registration Body (if applicable): ☐ HPCSA, ☐ ECSA, ☐ SACE, ☐ Other
20. Registration Number (if applicable) _____

Section E: Membership Category

(Please tick one)

- ☐ Ordinary Member
- ☐ Associate Member
- ☐ Student/ Intern Member
- ☐ Honorary Member (Executive approval required)

Section F: Skills and Interests (Optional)

21. Areas you are willing to contribute to CAASA (tick all that apply)

- ☐ Leadership & Governance
- ☐ Mentorship & Student Support
- ☐ Academic & Professional development
- ☐ Community Outreach
- ☐ Research & Publications
- ☐ Fundraising
- ☐ Media & Communications

Section G: Declaration

I, the undersigned, hereby apply for membership in the Cuban Alumni Association of South Africa (CAASA).

I confirm that the information provided is true and correct, and I agree to abide by the Constitution, Code of Conduct, and Policies of the Association. [Draft Constitution of the Cuban Alumni Association Vers 1.4](#)

22. Applicant's Full Name: _____

23. Signature: _____

24. Date: _____

Section H: For Official Use Only

Date Received:

Membership number:

Membership Approved ☐ Yes or ☐ No

Approved by:

Date of Approval:

Official CAASA registration document

NB: Membership becomes active upon approval and payment of membership fees.

