

Directors Institute Of Botswana

Individual Membership Form



Surname		Mr./Mrs/Miss/Dr./Prof	
Forenames			
Employer		Years of Service	
Main Business Activity			
Designation/ Position	Profession		
Academic Qualifications	Professional Qualification		
Nationality	Passport No	ID No.	
Date of Birth	Age	Marital Status	
Postal Address, email, Telephone & other	Postal:	Email:	
	Physical address:	Tel work:	Tel Home:
		Cell:	Fax:
My Directorship Details & Experience	I am Board Chairperson of the following:		
	I am a Director in the following:		
	I am not a Director but wish to be a Director in (state type of industry):		
	Private Sector Work Experience	Public Sector / SOE / Other Work Experience	
Other Local Professional Affiliation Membership No.	IIA:	BIA	Law Society:
	Inst. of Bankers	ICSA	MISA:
	RICS:	IIB	IHRM
	Other (state details)		

I hereby apply for membership / Student Affiliation of the Directors Institute of Botswana (DloB) and agree to commit to the highest standards of good conduct and undertake to comply with the Institute code of conduct and Code of Ethics. I further undertake to settle my annual subscriptions no later than the 30th June of each calendar year, and other dues upon rendition of DloB invoice. I certify that the information contained above is to the best of my knowledge true and correct.

Name: _____ Signature: _____ Date _____

Fees Payable	Members	Students
Once off Guarantee Fee	200	N/A
Annual Subscription Fees (Including First Year)	600	300
Cheque No: _____ Date: ___ / ___ / ___ DloB Receipt No _____ Total	800	300

Category	Member No

Rejected & Comments by DloB Director/CEO

_____ Signature _____ Date: _____

Join Today, Its Your Institute !

Insitute Of Directors For Directors And First Class Governance For Leading Companies

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