

MEMBERSHIP APPLICATION	
INSTITUTION INFORMATION	
Institution Name:	
Telephone Numbers:	
Current address:	
City:	Province:
Student Enrolment Number*:	Institution campuses:
CONTACT DETAILS: HEAD OF INSTITUTION	
Title:	Designation*:
Name*:	
Phone Number*:	Cell:
E-mail*:	
CONTACT DETAILS: ICT DIRECTOR	
Title:	
Name*:	
Phone Number*:	Cell:
E-mail*:	
CONTACT DETAILS: FINANCE DIRECTOR	
Title:	
Name*:	
Phone Number*:	Cell:
E-mail*:	
ANNUAL SUBSCRIPTION FEES FOR MEMBERSHIP	
ONE TIME FEES IS USD\$1000	
Select from students enrolment category	
<input type="checkbox"/>	From 1 to 1000 = USD \$500
<input type="checkbox"/>	From 1001 to 5000 = USD \$1000
<input type="checkbox"/>	From 5001 to 10000 = USD \$1500
<input type="checkbox"/>	From 10000 to 15000 = USD \$2000
<input type="checkbox"/>	Above 15000 = USD \$2500
INTERNET CAPACITY REQUESTED	
USE OF ZIMREN CONNECTION	

- Enterprise systems and email
- Cloud services
- e-learning system
- Data Center Services
- Video conferencing
- IP Telephony

DECLARATION

I Confirm that:

- My Institution will comply with the terms of the ZIMREN's Terms of Service for any services to be provided (e.g. bandwidth services);
- The information given above is true to the best of my knowledge and belief.

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Name*:

Signature of Applicant:

Date: