

Membership Application/Renewal Form 2026

(1 January 2026 – 31 December 2026)

Please complete in capital letters

**Included for statistical reporting purposes to Department of Social Development & Funders*

Would you like to participate in Research?	Yes	No
May we use your photograph taken at workshops, conference etc	Yes	No
Do you agree to receive information on education and training opportunities?	Yes	No

Title:	Initials:	First name(s):				Surname:				Gender	Race group*
Regional Chapter:	EC:EL	EC:PE	FS & NC	JHB	KZN	LIM	MPU	NW	PTA	WC	
Sector in which Employed:	PUBLIC		PRIVATE		UNIVERSITY			NURSING EDUCATION STUDENT (add proof)			
Employer:											

Required for CPD points:

ID number	NEA Number	SANC number	Area of specialisation

Address (required for posting the PNT magazine):

P O Box or Street Name:	
Suburb:	
City:	Postal Code:
E-mail:	
Cell:	

Membership Fees:

R350.00 per annum

- **R300.00 nursing education students – provide proof of HEI registration**
- **Members 65 years and older 50% of annual fee – R175.00**

NEA Bank Details

Bank: First National Bank
 Account Name: Nursing Education Association
 Branch: Lynnwood, Pretoria
 Branch Number: 252045
 Account Number: 52130065959
 Account Type: Cheque
 Ref: ID or Invoice Number

Please fax this form and proof of payment to ceo.nea@edunurse.co.za

1177 Woodlands Avenue
 Queenswood
 Pretoria 0186

P O Box 35763
 Menlopark
 Pretoria 0102

Tel: 012 333 1415/ 6426/ 8912
 Fax: 086 244 6955
 e-mail: ceo.nea@edunurse.co.za
www.edunurse.co.za