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**ZIPMG Registration Form**

Fill out this form to register

* **Name**

First NameLast Name

* **Title**



* **Address**



* **E-mail**
* **Phone Number**
* **Why do you Want to Join ZIPMG?**



* **Are you a Student anywhere?**

YesNo

 *If yes, where? Please state.*

* Fill this form and send it to admin@zipmg.org to register.

Attach your NRC/ or Passport and your Qualifications