



No.1  
6th Avenue  
Mabelreign  
Harare, Zimbabwe

## ENTREPRENEURS NETWORK ASSOCIATION OF ZIMBABWE

### MEMBERSHIP APPLICATION FORM

#### SECTION A: PERSONAL DETAILS

1. **Full Name:** \_\_\_\_\_
  2. **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
  3. **Gender:**  Male  Female
  4. **ID Number:** \_\_\_\_\_
  5. **Nationality:** \_\_\_\_\_
  6. **Contact Number (Whatsapp Preferred):** \_\_\_\_\_
  7. **Email Address:** \_\_\_\_\_
  8. **Residential Address:** \_\_\_\_\_
- 

#### SECTION B: PROFESSIONAL/BUSINESS DETAILS

1. **Current Occupation:** \_\_\_\_\_
  2. **Business/Organization Name (if any):** \_\_\_\_\_
  3. **Position/Role:** \_\_\_\_\_
  4. **Business Type/Industry:** \_\_\_\_\_
  5. **Brief Description of Your Business or Interests:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 





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**SECTION C: MEMBERSHIP CATEGORY**

*Please select your preferred membership category*

- Individual Member – Young Entrepreneur
  - Individual Member – Established Entrepreneur
  - Corporate Member
  - Student Member
  - Partner Institution
- 

**SECTION D: REASONS FOR JOINING ENAZ**

- Networking Opportunities
  - Business Growth & Mentorship
  - Access to Training/Workshops
  - Market Linkages & Exposure
  - Policy Advocacy & Representation
  - Other (Please Specify):
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- 
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**SECTION E: DECLARATION**

I, the undersigned, hereby apply for membership in the Entrepreneurs Network Association of Zimbabwe (ENAZ). I agree to abide by the association’s constitution, rules and regulations, and to actively contribute to the growth and vision of ENAZ.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_





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**SECTION F: FOR OFFICIAL USE ONLY**

Application Received

Payment Confirmed

Approved  Rejected

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Membership ID: \_\_\_\_\_

Processed by: \_\_\_\_\_

