



## CORPORATE MEMBERSHIP APPLICATION

All details are to be completed to avoid delays. Please print.

### COMPANY DETAILS

Name: .....

Address: .....

.....

Postal address: .....

..... Postal Code: .....

Company representative (name & surname): .....

Tel: ..... Fax: .....

Email: .....

Website: .....

Description of company core business: .....

.....

.....

.....

**MEMBER DETAILS - 1/8**

Prefix: Prof  Dr  Mr  Ms

Surname: ..... First Names: .....

Email: .....

Position in company: .....

Academic, professional and technical qualifications:

DATE	QUALIFICATION	INSTITUTION / ORGANISATION

**MEMBER DETAILS - 2/8**

Prefix: Prof  Dr  Mr  Ms

Surname: ..... First Names: .....

Email: .....

Position in company: .....

Academic, professional and technical qualifications:

DATE	QUALIFICATION	INSTITUTION / ORGANISATION

**MEMBER DETAILS - 3/8**

Prefix: Prof  Dr  Mr  Ms

Surname: ..... First Names: .....

Email: .....

Position in company: .....

Academic, professional and technical qualifications:

DATE	QUALIFICATION	INSTITUTION / ORGANISATION

**MEMBER DETAILS - 4/8**

Prefix: Prof  Dr  Mr  Ms

Surname: ..... First Names: .....

Email: .....

Position in company: .....

Academic, professional and technical qualifications:

DATE	QUALIFICATION	INSTITUTION / ORGANISATION

**MEMBER DETAILS - 5/8**

Prefix: Prof  Dr  Mr  Ms

Surname: ..... First Names: .....

Email: .....

Position in company: .....

Academic, professional and technical qualifications:

DATE	QUALIFICATION	INSTITUTION / ORGANISATION

**MEMBER DETAILS - 6/8**

Prefix: Prof  Dr  Mr  Ms

Surname: ..... First Names: .....

Email: .....

Position in company: .....

Academic, professional and technical qualifications:

DATE	QUALIFICATION	INSTITUTION / ORGANISATION

**MEMBER DETAILS - 7/8**

Prefix: Prof  Dr  Mr  Ms

Surname: ..... First Names: .....

Email: .....

Position in company: .....

Academic, professional and technical qualifications:

DATE	QUALIFICATION	INSTITUTION / ORGANISATION

**MEMBER DETAILS - 8/8**

Prefix: Prof  Dr  Mr  Ms

Surname: ..... First Names: .....

Email: .....

Position in company: .....

Academic, professional and technical qualifications:

DATE	QUALIFICATION	INSTITUTION / ORGANISATION

**FEES PAYABLE**

Registration fee: R 100

Annual membership fee: R 1750

Invoices will be sent to you on acceptance of application.

**DECLARATION BY APPLICANT**

We, the undersigned, hereby declare that, if accepted to membership of the organisation, we will be governed by the Constitution of SASOR, now in force or as it may hereafter be amended; that we will advance, as far as shall be in our power, the objectives of the organisation. We also declare that the statements made by me in this form are true and correct.

Signature: .....  
(Company representative)

Date: .....

Please fax completed form to +27 21 808 3778 or email to [soniasasor@gmail.com](mailto:soniasasor@gmail.com)