



MEMBERSHIP APPLICATION

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

PERSONAL DETAILS

Prefix: Prof Dr Mr Ms

Surname: First Names:

Identity Number:

Postal Address:

..... Postal Code:

Tel. No. (Home) (Work)

Cell No email:

Please mail correspondence to: Business Home

EMPLOYMENT DETAILS

Name and address of employer:

.....

..... Postal Code:

Tel. No Fax No

STUDENTS ONLY

Name of educational institution and faculty:

.....

.....

PREVIOUS APPOINTMENTS

DATE	ORGANISATION	LEVEL

REFERENCE

Name and contact details

FEES PAYABLE

Registration fee: Annual membership fee:

Invoices will be sent to you on acceptance of application.

DECLARATION BY APPLICANT

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

Signature: Date:

Please fax completed form to +27 21 808 3778 or email to soniasasor@gmail.com