

APPLICATION FOR INDIVIDUAL MEMBERSHIP

SECTION 1 – PERSONAL INFORMATION			
Title (Prof/Dr/Mr/Mrs/Ms):		Surname:	
First names:			
Postal address:			
		Postal code:	
Date of birth:		Tel. (w):	
Cell:			
E-mail:			
SACNASP Reg. No. (if applicable):			
SECTION 2 – EDUCATION			
University:			
University Qualifications:			
Highest Qualifications:			
<i>To be considered for the "Professional" grade of membership, an applicant must please submit a certified copy of his/her highest academic qualification together with this application.</i>			
STUDENT INFORMATION (Full time students only)			
University:		Year of Study	
Field of study:			
Student number:		Length of course:	
SECTION 3 - EMPLOYMENT			
Company:			
Position:			
Postal Address:			
Contact Number:			
SECTION 4 – PROPOSER (must be a Professional Member)			
Name:		Signature:	
Contact your nearest SAAFoST Branch (www.saafoست.org.za) or the Secretariat if you do not know a Professional Member			
SECTION 5 – Account Payment			
(Please complete who will be responsible for the payment of the account)			
Individual:			
Company:		Company name:	
Account Contact person:			
Postal Address:			
Contact Number:		Email Address:	
VAT Number (if applicable)			
SECTION 6 – Social Media			
(Please confirm if you have any of the following Social Media platforms by ticking the boxes below)			
Facebook:	<input type="checkbox"/>	Facebook name:	
Twitter:	<input type="checkbox"/>	Twitter address:	
LinkedIn	<input type="checkbox"/>	LinkedIn name:	
Signature of applicant:		Date:	
I agree to abide by the Association's Professional Code of Conduct (available from the Secretariat or at www.saafoست.org.za/menu_Membership.asp)			