



## SANATA MEMBERSHIP FORM

### Professional member (HPCSA Registered)

Name:	
Surname:	
ID number:	
Email address:	
Cell Number:	
Home Number:	
Postal address:	
Residential address:	
Work address:	
Area of practice:	<input type="checkbox"/> Gauteng <input type="checkbox"/> Western Cape <input type="checkbox"/> North-West <input type="checkbox"/> Kwa-Zulu Natal <input type="checkbox"/> Northern Cape <input type="checkbox"/> Limpopo <input type="checkbox"/> Eastern Cape <input type="checkbox"/> Mpumalanga <input type="checkbox"/> Freestate
Website:	
Date of birth:	
Profession:	<input type="checkbox"/> Art therapy <input type="checkbox"/> Dance Movement Therapy <input type="checkbox"/> Drama Therapy <input type="checkbox"/> Music Therapy
Year qualified:	
University:	
HPCSA registration number:	
BHF registration number:	
Other professional bodies:	
Practising	<input type="checkbox"/>
Non-practising	<input type="checkbox"/>



For the current year 2020-2021, the following fees are applicable:

**Professional member (Registered, practising)**

**R675 discounted annual fee**

If you are unable to pay the full fee in one payment, please apply for a payment plan to the Exco at [members@sanata.org](mailto:members@sanata.org)

- Paid over 6 months = R112.50 per month.
- Paid over 3 months = R225 per month

**Professional member (Registered, non-practising)**

**R340 discounted annual fee**

If you are unable to pay the full fee in one payment, please apply for a payment plan to the Exco at [members@sanata.org](mailto:members@sanata.org)

- Paid over 6 months = R60, R60, R60, R60, R50, R50 due
- Paid over 3 months = R115, R115, R110 due

**Fees, in full or in part payment are due by 30 April 2020.**

I, \_\_\_\_\_, the undersigned agree to the code of conduct and constitution of SANATA. I agree to pay the annual membership fee of R\_\_\_\_\_ in full / over 3 months / over 6 months .

\_\_\_\_\_  
Signature Name Date