



SANATA MEMBERSHIP FORM

Associate Member

Name:	
Surname:	
ID number:	
Email address:	
Cell Number:	
Home Number:	
Postal address:	
Residential address:	
Area of practice:	<input type="checkbox"/> Gauteng <input type="checkbox"/> North-West <input type="checkbox"/> Northern Cape <input type="checkbox"/> Eastern Cape <input type="checkbox"/> Freestate <input type="checkbox"/> Western Cape <input type="checkbox"/> Kwa-Zulu Natal <input type="checkbox"/> Limpopo <input type="checkbox"/> Mpumalanga
Website:	
Date of birth:	
Profession:	
Year qualified:	
University:	
Other professional bodies:	
Reason for joining:	

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

Associate member

R200 discounted annual fee

Fees 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 R200.

Signature

Name

Date