



## SANATA STUDENT/INTERN MEMBERSHIP FORM

Name:	
Surname:	
ID number:	
Email address:	
Cell Number:	
Home Number:	
Postal address:	
Residential address:	
Area:	<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
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:	<input type="checkbox"/> Honours <input type="checkbox"/> Masters <input type="checkbox"/> Internship
University:	
Student number:	
HPCSA student registration number:	

For the current year 2020 - 2021, the fee is R50.

I, \_\_\_\_\_, the undersigned agree to the code of conduct and constitution of SANATA. I agree to pay my annual membership fee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date