

INDIVIDUAL MEMBERSHIP APPLICATION FORM

Title: Professor/ Dr./ Mr./ Mrs./ Ms.

Surname: _____

First name: _____

Home address: _____

Business address: _____

(Mark with * to which address mail should be sent)

Work Telephone: _____

Cell phone: _____

Fax: _____

E mail address: _____

**I hereby apply for individual membership of SAIIA at an annual fee of R750.00
(including VAT)**

Signature: _____ **Date:** _____

For direct or electronic deposits: Please note that you will be sent an invoice with the banking details after you have returned the signed form. Kindly scan the completed application form to: membership@saiia.org.za OR fax to 011 339 2154.

FOR OFFICE USE ONLY

Date payment received: _____

Date invoice issued: _____

Invoice number: _____

Database Entry: _____