

Head Office: PO Box 31596, Braamfontein, Johannesburg, 2017, South Africa • T: +27 11 339 2021 • F: +27 11 339 2154 Cape Town Office: PO Box 15610, Vlaeberg 8012, South Africa • T: +27 21 422 0717 • F: +27 21 426 1455 www.saiia.org.za • e-mail: info@saiia.org.za

## STUDENT MEMBERSHIP APPLICATION FORM

Title:	Mr./ Mrs./ Ms.	
Surname:		-
First name:		-
Nationality:		-
Home address:		
Work Telephone:		-
Cell phone:		_
Fax:		-
E mail address:		-
Student Number:		-
University/School:		-
I hereby apply for s VAT)	student membership of SAIIA at an annual fee of R250.00	(including
Signature:	Date:	
	nic deposits: Please note that you will be sent an invoice with you have returned the signed form. Kindly scan the complet	

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:		