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CAPE TOWN BRANCH

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MEMBERSHIP APPLICATION: Western Cape Branch year 1 July 2024 to 30 June 2025					
I, [title and name]					, hereby
apply for membership of the SA					•
Subscription category			Please	7	
Subscription category		R	insert		
			applicable		
			amount		
Individual		340			
Member+1/Family		460			
Institution [School, University, Commercial or Diplomatic]		460			
Student		120			
Member of Parliament		N/C			
Voluntary donation to branch funds*					
Total					
 SAIIA WESTERN CAPE accordance Snapscan link: https://points. Pay cash at an event. Please enter your name as a wcbranch@saiia.org.za 	os.snapscan.io/qr/iyX8z0	DwO			c 07 254 4597
Email address					
Cell phone no					
Phone no					
Postal address					
Student membership: state name of university/college					
Signature:	Date	.			

http://saiia.org.za/

* Should your donation be for R1,000 or more, please indicate if you wish a Section 18A certificate to be made available to you (to enable

the donation to be treated as deductible for income tax purposes).