

| Membership Application Form 2024/2025 |

Please send the completed application form to info@saccma.com. You will then receive an invoice and, upon payment of the membership fees (and after submitting proof of payment), you will be registered as a member of the Society.

Each member shall pay an annual membership fee, payable annually in advance, and become due on joining the Society as a Member and on 1 March of each year thereafter.

Member information:

Surname:			
First name:			
Initials:		Title:	
ID-Number:		Date of Birth:	
Passport Number (if applicable):		Citizenship:	
Institution/Company:			
Division/Department:			
City:		Country:	
Position:			
Telephone (work):		Telephone (cell):	
Email:			
Highest qualification:		SACCMA member number:	
Research Area/Field:			

Invoice information:

Company/Organisation (if applicable):			
Order nr (if applicable):		VAT nr (if applicable):	
Postal address:			

Physical address (<i>Domicilium citandi et executandi</i>):	
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Application information:

Application type:	New application	
	Renewal	
Membership type:	Yearly Fee (ZAR) (VAT Inclusive):	
Ordinary Member	R 400.00	
Student Member (attach proof of registration):	R 200.00	
Industry Member:	R 1 000.00	

I hereby make application for membership of the Society and in so doing undertake, upon admission, to abide by the Constitution, Codes of Practice and Ethics, Rules and Regulations of the Society – as currently in force and as may from time to time be amended.	
I acknowledge that I meet the eligibility requirements for membership.	
I agree to receive communications from SACCMA regarding the Society’s operations, programs, and opportunities (You may opt-out of receiving SACCMA communications at any time).	

By signing the application form, irrespective as to how such information is submitted, you consent to the collection, collation, processing, and storing of such information and the use and disclosure of such information in accordance with SACCMA’s Privacy Policy. SACCMA values your privacy and will only use your contact information for the purposes of the Society.

Applicant Signature:	Date: