# APPLICATION FOR MEMBERSHIP

<table>
<thead>
<tr>
<th>CATEGORY OF MEMBERSHIP</th>
<th>Mark with X (only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIVIDUAL MEMBER</td>
<td></td>
</tr>
<tr>
<td>INSTITUTIONAL MEMBER</td>
<td></td>
</tr>
<tr>
<td>INDUSTRY MEMBER</td>
<td></td>
</tr>
<tr>
<td>GOVERNMENT MEMBER</td>
<td></td>
</tr>
</tbody>
</table>

## A. PARTICULARS OF PERSON COMPLETING THE FORM

<table>
<thead>
<tr>
<th>Title (mark with X)</th>
<th>Prof</th>
<th>Dr</th>
<th>Mr</th>
<th>Ms</th>
<th>Mrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initials and first names (not more than 3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (mark with X)</td>
<td>M</td>
<td></td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institution/Department/Name of Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**B. PAYMENT AND BANKING DETAILS**

<table>
<thead>
<tr>
<th>Payment details (Mark with X)</th>
<th>ASOCSA Bank Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FIRST NATIONAL BANK</td>
</tr>
<tr>
<td></td>
<td>Account number: 62179379170</td>
</tr>
<tr>
<td></td>
<td>Branch: BLOEMFONTEIN</td>
</tr>
<tr>
<td></td>
<td>Branch Code 230234</td>
</tr>
</tbody>
</table>

Please email through proof of payment to admin@asocsa.org

Annual Membership is R6500 per annum

**C. DECLARATION**

I confirm that I have the Constitution of ASOCSA and its by-laws and agree to abide by its terms and conditions during my term of membership

___________________________  __________
Signature                  Date