



SAPA KZN

APPLICATION FOR MEMBERSHIP

FROM 01 OCTOBER TO 30 SEPTEMBER

MEMBER'S INFORMATION

SURNAME				Mr/Mrs/Ms	
FIRST NAME(S)					
IDENTITY NUMBER					
PRINCIPAL (please tick)				DEPUTY PRINCIPAL	
INDIVIDUAL MEMBER		INSTITUTIONAL MEMBER		RETIRED MEMBER	
SCHOOL					
POSTAL ADDRESS					
CONTACT DETAILS	WORK	CODE		NUMBER	
	FAX	CODE		NUMBER	
	CELL				
	E-MAIL				
TYPE OF SCHOOL					
REGION (Please tick)	<input type="checkbox"/> eThekwini	<input type="checkbox"/> Zululand	<input type="checkbox"/> Ukhahlamba	<input type="checkbox"/> Umgungundlovu	
DISTRICT			CIRCUIT		
BRANCH					

Please return Pages 1-2 to the Admin Secretary,
Mrs A E Frost
P O Box 20018,
Durban North.
4016
Fax Number 031-5649454

MEMBERSHIP FEES

Individual member: Open to all Principals and Deputy Principals in State schools in South Africa. Eligible for all benefits.

R200-00

Institutional Member: School-owned membership in the name of an individual. Eligibility and benefits are the same as individual membership. However, this membership is transferable, but non-refundable, and all materials are sent to the school.

R200-00

Retired Member: Retired members receive newsletters, reduced rates on meetings, workshops and conferences.

R150-00

PAYMENT OF MEMBERSHIP

Please post this form with a cheque made payable to SAPA-KZN for the amount of **R200.00** (or **R150-00** for **retired members**) to:

or deposit directly into our account

Account Name: SAPA-KZN
Account Number: 25-073-999-2
Bank: Standard Bank
Branch: Briardene
Branch Code: 043-626

Please post a copy of your deposit slip with the application form to the above address, or fax to 031-5649454

SIGNATURE: _____ DATE: _____