
SAASSAP MEMBERSHIP DECLARATION FORM

FULL NAMES:

GENDER:

EMAIL:

CONTACT NO:

ID NO:

OFFICE DETAIL:

INSTITUTION: POSITION

HELD IN INSTITUTION:

SECRETARY DETAIL:

I.....the undersigned ID number.....declare that I will uphold the aims and objectives of the South African Association of Senior Student Affairs Professional, as set out in its constitution. In addition to quantifying my full membership status, I commit to ensuring that my institution pay membership fee of R10 000 on/before the (Insert Date).....

DEPOSIT DETAILS

Account Name: The Treasurer Constitution of SAASSAP

Account Holder: Standard Bank

Account No: 230 483 100

Reference: Initialed institution- Name of payee (*UFS-PURA MGOLOMBANE*)

MEMBERS AGREEMENT

I acknowledge that the membership fee of SAASSAP is R10 000 for 2 members of senior positions of Student Affairs. I am aware that the due date for membership fee payment is the 30 March 2021.

Signature

Date