

Year:

Membership number:

Individual Form

Application for new membership, complete all sections

| PERSONAL INFORMATION | | | | | | | | | | | | |
|---------------------------------|---|--|----------------|--|---|--------------|--------------------------|--|---------------------|--|--------------|--|
| Section A | | | | | | | | | | | | |
| Full Names & Surname | | | | | | | | | | | | |
| Physical Address: | | | | | | | | | | | Postal code: | |
| Postal Address: | | | | | | | | | | | Postal code: | |
| Province: (please tick) | EC & SC / FS / GAUTENG (JHB / PTA) / KZN / LIMPOPO / MPU / NC / NW / WC / OUTSIDE SA: SPECIFY | | | | | | | | | | | |
| Tel. # school: | | | | | | Tel. # Home: | | | | | | |
| Mobile Number: | | | | | | Gender: | Female | | Male | | | |
| E-mail Address | | | | | | | | | | | | |
| Age Range: | 18 - 25 | | 26 - 35 | | 36 - 45 | | 46 - 55 | | 56 - 60 | | Retired | |
| Nationality | SA Citizen | | Non-SA Citizen | | If Non SA Citizen, please state nationality | | | | | | | |
| EDUCATIONAL INFORMATION | | | | | | | | | | | | |
| Section B | | | | | | | | | | | | |
| Matric Certificate | Yes | | No | | Details of equivalent if applicable | | | | | | | |
| Montessori Qualification | 0 - 3 | | 3 - 6 | | 6 - 9 | | 9 - 12 | | 12 - 15 | | 15 - 18 | |
| Training Institution | | | | | | | | | | | | |
| NQF Level/ SAQA credits | | | | | | | | | | | | |
| Date Completed | | | | | | | | | | | | |
| SACE registration | Yes | | No | | Full registration | | Provisional registration | | Registration number | | | |
| Other Qualification | | | | | | | | | | | | |
| Training Institution | | | | | | | | | | | | |
| NQF Level | | | | | | | | | | | | |
| Date Completed | | | | | | | | | | | | |

**EMPLOYMENT INFORMATION
Section C**

| | | | | | | | | | | | | |
|-----------------------------|----------------|--|-----------|--------------------------------------|--|--|-----------------|--|---------------|--|---------|--|
| Are you currently employed? | Yes | | No | | If 'yes', please provide the name of organisation currently employed at: | | | | | | | |
| Designation | Head of school | | Principal | | Lead Guide | | Assistant Guide | | Classroom Aid | | Student | |
| | Lecturer | | Other | If 'other' selected, please specify: | | | | | | | | |

SUBSCRIPTION

| | | | |
|--------|--|--|--|
| | R 80 | Once of Registration fee. For new SAMA members/Lapsed renewal members | <p align="center">BANKING DETAILS:</p> <p>Bank: FNB</p> <p>Branch: Olympus Plaza 258155</p> <p>Account #: 62383016815</p> <p>Reference: Your Surname/2019</p> <p>Forex code: FIRNZAJJ</p> |
| | R 450 | Annual membership for staff of a SAMA member school | |
| | R 510 | Annual membership | |
| | R 860 | Two year Membership – Renew Jan 2021 | |
| | R1 290 | Three year Membership – Renew Jan 2022 | |
| √/Tick | <p>I agree to abide by the SAMA Code of Conduct. I hereby declare that all the information provided on this form is true and correct. I will provide copies of all relevant documentation on request.</p> | | |

Please return the completed form and proof of payment via EMAIL admin@samontessori.org.za or FAX 086 561 8774