

Year:

Membership number:

School Membership Form

Application for new membership, complete all sections.

ENSURE Annexure C Section H is completed separately

PERSONAL INFORMATION Section A			
Name of School			
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		
School Tel #:		Other Specify:	
Mobile Number:		Date school was established:	
Website Address			
E-mail Address			
Other Association Memberships (Please specify which association/s your school belongs to)			Amount Payable per association per annum

PUPIL INFORMATION Section B											
Number of pupils in each age group	0 - 3		3 - 6		6 - 9		9 - 12		12 - 15		15 - 18
Race of pupils in all age groups (for statistical purposes)		Asian			Black			Coloured			White
Gender of pupils in all age groups (for statistical purposes)		Female			Male						

**EDUCATOR INFORMATION
Section C**

Number of adults working in each age group	0 - 3		3 - 6		6 - 9		9 - 12		12 - 15		15 - 18	
Race of adults in all age groups (for statistical purposes)		Asian			Black			Coloured			White	
Gender of Educators in all age groups (for statistical purposes)		Female			Male							

**SKILLS AND EXPERIENCE
Section D**

Skills and experience applies to all guides, assistants, helpers in the classroom	PRE – PRIMARY		ELEMENTARY		HIGH		
	QTY	Average Salary	QTY	Average Salary	QTY	Average Salary	
Unqualified							
Newly Qualified							
2 – 4 years' experience							
5 – 7 years' experience							
8 – 10 years' experience							
H.O.D							
Principal							

**MANAGEMENT INFORMATION
Section E**

What curriculum is used?												
Do you write any examinations/do assessments?	Yes		No		Specify	Which Exams?	How Often?					
Do you use the state curriculum?	Yes		No		How is it used?							

MANAGEMENT INFORMATION - Fees

Does your school receive a state subsidy?	Yes		No		If 'yes', please specify the subsidy you receive on a separate word attachment							
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Does your school charge fees?	Yes		No		If 'yes', please specify the average fee amount you charge per age group per month (over 12 months).							
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	PRE – PRIMARY		PRIMARY		HIGH		
R 100 – R 500							
R 501 – R1000							
R1001 – R2000							

R2001 – R3000				
R3001 – R4000				
R4001 – R5000				
R5001 +				

SUBSCRIPTION Section G					
ANNUAL MEMBERSHIP : (To be invoiced on receipt of completed form) Please select/√tick which subscription applies to your school			CHILD LEVY ANNUAL RETURN : (To be invoiced on receipt of completed form, at R5 per child per month) √/Tick child levy option.		BANKING DETAILS:
	R 100	Annual Registration Fee. For new members and lapsed members		Enter Number of children As at January 2019/Opening	Bank: FNB Branch: Olympus Plaza # 258155 Account #: 62383016815 Reference: School name/2019 Forex code: FIRNZAJJ
	R 460	NPO's/Schools with 1 – 20 Children			
	R 600	Schools with 21 – 40 Children		Annual Payment Due by 31 Jan 2019	
	R 980	Schools with 41 or more Children		Four Quarterly payments	

ANNEXURE A

Dear Montessori School Owner,

COMPULSORY CHILDREN'S LEVY PAYMENT

At the 2005 AGM it was unanimously agreed by the school owners and principals that a levy be placed on all children in Montessori Schools so that the work carried out by the executive committee (ExCo) could be funded. A further increase to the child levy was accepted at the 2016 AGM.

The idea is that the levy is either recovered directly from the parents or that the amount within be added to next year's fees and then handed over to SAMA. Schools that really cannot afford the levy can apply for exemption in writing to the ExCo. Schools will be invoiced for the amount of **R5 (five rand)** per child per month. The Child Levy payment can be paid for by choosing one of two options:

1. The levy payment can be paid once per annum (January to December) at the end of January each year – the number of children at the beginning of January will determine the amount paid,

OR

2. The levy payment can be made once a quarter as one quarter of the annual fees calculated at the beginning of January.

When payment for Child Levy is made, please use SCHOOL NAME+LEVY as the reference, and email your proof. If you have any queries, please contact the SAMA Administrator on admin@samontessori.org.za

ANNEXURE B Terms and conditions

SAMA member logo

1. Institutional Members may use the logo provided on their websites and stationery.
2. The SAMA logo **may not be used** in printed advertisements or similar without the written permission of the National Executive Committee.
3. The SAMA logo may only be used by paid up members.
4. Please note that should your organisation cease to be a SAMA member for any reason whatsoever the SAMA logo should be removed from all stationery, website or any other medium in which it is displayed.
5. Please sign below accepting use of the SAMA logo.

School membership

1. The School - including the Head of School and all school employees - agrees to abide by the SAMA Code of Conduct.
2. SAMA is a member of the National Alliance of Independent Schools Associations (NAISA). According to NAISA, all member schools (elementary/primary level and higher) of an association must comply with the law and be registered as an independent school with their provincial education department. Thus this is a requirement for membership with SAMA. Additional proof of registration will be requested.
3. Payment of Child Levy is compulsory for School members that are operational. The details of the Child Levy appear in Annexure A.
4. Schools should employ faculty that meets the legal requirements and are able to maintain the Montessori prepared environment and deliver the SAMA Montessori curriculum.
5. School members must agree to work towards full compliance with the requirements of each tier membership within the predetermined timeframe.
6. Schools must prove that they are either registered with all the relevant departments, or have made every reasonable effort to do so.
7. When renewing membership, details should be provided of progress towards full registration and compliance with the relevant regulations and SAMA principles.

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

MEMBER'S ACCEPTANCE:

I hereby accept the above condition of membership.

Authorised Signature

Print Name

Date