

Year:

Membership number:

Individual Form

Application for renewal membership

Complete Full Name and Surname thereafter ONLY complete information that has changed since last year in 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	<input type="checkbox"/>	Male	<input type="checkbox"/>		
E-mail Address												
Age Range:	18 - 25	<input type="checkbox"/>	26 - 35	<input type="checkbox"/>	36 - 45	<input type="checkbox"/>	46 - 55	<input type="checkbox"/>	56 - 60	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Nationality	SA Citizen	<input type="checkbox"/>	Non-SA Citizen	<input type="checkbox"/>	If Non SA Citizen, please state							

EDUCATIONAL INFORMATION Section B

Matric Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Details of equivalent if applicable							
Montessori Qualification	0 - 3	<input type="checkbox"/>	3 - 6	<input type="checkbox"/>	6 - 9	<input type="checkbox"/>	9 - 12	<input type="checkbox"/>	12 - 15	<input type="checkbox"/>	15 - 18	<input type="checkbox"/>
Training Institution												
NQF Level/ SAQA credits												
Date Completed												
SACE registration	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Full registration	<input type="checkbox"/>	Provisional registration	<input type="checkbox"/>	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 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

BANKING DETAILS:

Bank: FNB
 Branch: Olympus Plaza
 258155
 Account #: 62383016815
 Reference: Your Surname/2019
 Forex code: FIRNZAJJ

<input checked="" type="checkbox"/> Tick	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.
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Please return the completed form and proof of payment via EMAIL admin@samontessori.org.za or FAX 086 561 8774