

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 | | | | | | |
| E-mail Address | | | | | | | | | | | | |
| Age Range | 18 - 25 | | 26 - 35 | | 36 - 45 | | 46 - 55 | | 56+ | | Retired | |
| Nationality | SA Citizen | | Non-SA Citizen | | If Non SA Citizen, please specify | | | | | | | |
| EDUCATIONAL INFORMATION | | | | | | | | | | | | |
| Section B | | | | | | | | | | | | |
| Matric Certificate | Yes | | No | | Details of equivalent if applicable | | | | | | | |
| Montessori Qualifications | 0 - 3 | | 3 - 6 | | 6 - 9 | | 9 - 12 | | 12 - 15 | | 15 - 18 | |
| Training Institution | | | | | | | | | | | | |
| NQF Level/ SAQA credits | | | | | | | | | | | | |
| Date Completed | | | | | | | | | | | | |
| SACE registration | No | | Yes | | Full Registration | | Provisional Registration | | Registration Number | | | |
| Other Qualifications | | | | | | | | | | | | |
| 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-off Annual Registration Fee For New and Lapsed SAMA members | BANKING DETAILS: Bank: FNB Branch: Olympus Plaza 258155 Account #: 62383016815 Reference: Surname/ Invoice Number & Email Proof of Payment to: assistant@samontessori.org.za Forex code: FIRNZAJJ |
| | R 572 | Annual membership for staff of a SAMA member school | |
| | R 647 | All Other Annual membership | |
| | R1 091 | Two Year Membership – Renew January 2026 | |
| | R1 629 | Three Year Membership – Renew January 2027 | |
| √/Tick | I agree to abide by the SAMA Code of Conduct - https://samontessori.org.za/code-of-conduct-for-sama-members/ | | |
| √/Tick | 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. | | |
| √/Tick | I consent to SAMA collecting, sorting and updating the personal information that I provided to SAMA about myself. I agree that SAMA can provide the necessary personal information to an authorised representative of SAMA for a lawful purpose only. | | |
| √/Tick | I further consent to SAMA or SAMA's authorised representative taking reasonable practicable steps to ensure that the personal information is complete, accurate, not misleading and updated where necessary. | | |

Please return the completed form and proof of payment via EMAIL to: assistant@samontessori.org.za

Signature

Print Name

Date