

Year:

Membership number:

Individual Form

Application for **Renewal** Membership

Complete Full Names 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						
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