



**SOUTH AFRICAN SOCIETY FOR AGRICULTURAL EXTENSION**

**APPLICATION FOR MEMBERSHIP 2016/2017**

Title, Initials, Surname: .....

Full Names: .....

Postal address: .....

City, Town: ..... Postal code, Province, Country: .....

E-mail address: .....

Telephone (plus code) Work:..... Cell: ..... Fax: .....

Date of birth (yyyy/mm/dd): ..... ID Number: .....

Of which Branch would you like to be a member:

Northern Cape	Eastern Cape	Central	Free State	KwaZulu Natal	Western Cape	None
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Employed by:

State/Semi-state	Cooperation	Private sector(firm)	Private sector(own practice)	Other
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**POST MATRIC EDUCATIONAL QUALIFICATIONS (Add copies of certificates and academic records to the application).**

Qualifications	Name of qualification	Institution	Year
Diploma/Certificate			
Baccalaureus			
Honours			
Masters			
Doctorate			

**SHORT COURSES - Extension and Agricultural (Please add your certificate and course outline or subjects)**

Short Course Name / Institution / Duration.

- .....
- .....
- .....
- .....

**WORK EXPERIENCE (Please add your CV to the application).**

From	To	Employer	Capacity/Rank

Experience in Agricultural Extension: .....(years)

**Membership with other associations.** If you are a Member of another association (SACNASP, SASAS, etc.) please indicate below.

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**DECLARATION:** I hereby declare that the information rendered is correct, that I agree to abide by the rules of the Society and that I will, to the best of my ability, promote the aims and objectives of the Society.

**SIGNATURE:** (Applicant)..... **DATE:** .....

The membership fee of (R280) and enrolment fee (R30) = (R310), must accompany this application. **ABSA, BRANCH CODE: 334 745, ACCOUNT: CHEQUE, NUMBER 540 810 257 (NB: PLEASE SEND YOUR DEPOSIT SLIP, COPY OF ALL QUALIFICATIONS, ACADEMIC RECORDS, CV AND THIS FORM THROUGH TO: BEN STEVENS, FAX 086 541 2166 OR EMAIL [ben@sasae.co.za](mailto:ben@sasae.co.za) or Dr. JOE STEVENS, FAX: (012-420-3247) UP. Reference on deposit slip must be very clear – your Initials and Surname.**