



SOUTH AFRICAN SOCIETY FOR AGRICULTURAL EXTENSION

UPGRADE OF MEMBERSHIP 2018/2019

Title, Initials, Surname:

Full Names:

Postal address:

City, Town: Postalcode, Province, Country:

E-mail address:

Telephone (plus code) Work: Cell: Fax:

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

SASAE Membership 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.

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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 must be up to date to do an upgrade of your membership category.
NB: PLEASE SEND COPIES OF ALL QUALIFICATIONS, ACADEMIC RECORDS, CV AND THIS FORM THROUGH TO: SASAE Secretariat, FAX 086 731 7014 OR EMAIL secretariat@sasae.co.za Reference on deposit slip must be very clear – your Initials and Surname. It is cheaper to deposit at the ATM than inside the Bank.

Please deposit at the ATM or do an EFT.