



APPLICATION FOR INDIVIDUAL MEMBERSHIP:

I hereby apply for membership of the SOUTH AFRICAN SOCIETY for DAIRY TECHNOLOGY according to the Constitution of the Society.

PERSONAL DETAILS: (Please print)										
SURNAME						Prof	Dr	Mr	Ms	
FIRST NAMES										
I.D. NUMBER				NAME OF EMPLOYER						
POSTAL ADDRESS:				BUSINESS ADDRESS:						
CITY				CITY						
POSTAL CODE				POSTAL CODE						
TELEPHONE - Work				TELEPHONE - Fax						
TELEPHONE - Home				TELEPHONE - Cell						
E-mail						Contact per (Please tick)				
Are you a member of any professional organisation?		Yes/No <input type="checkbox"/>		If YES please specify				E-mail		SMS
EDUCATION:										
School/College/University			Major Fields of Study		Highest Examination passed		Period of Study (dates)			
EXPERIENCE:										
Names of last two Employers				Highest position held			Period			
1										
2										
Present										
CONFIRMATION:					MEMBERSHIP FEES:*					
I hereby confirm that the above information is correct					Payment			Electronic Transfer >		
					Regional	Member	Student *	Dairy Mail **	Cash >	
Date:		SIGNATURE			<ul style="list-style-type: none"> *Membership fee or proof of payment must accompany application form. Student's applications must be accompanied by proof. Please verify with national or regional management the required fee. **If you wish to receive the Dairy Mail an annual fee of R35 is payable 					
Account name	ABSA – Arcadia, Branch code 33-49-45									
Account number	610 141 021									
TO BE COMPLETED BY DIVISIONAL MANAGEMENT COMMITTEE:										
The abovementioned applicant is ACCEPTED / NOT ACCEPTED by the Council Management Committee,							<input type="checkbox"/>	Professional		
Comments: _____							<input type="checkbox"/>	Member		
Division						<input type="checkbox"/>	Student			
APPROVAL					NATIONAL PRESIDENT			NATIONAL VICE PRESIDENT		
	Signature				Signature					
	Date				Date					
Email back to: SASDT Secretariat - info@sasdt.org.za				Tel: 012 991 4164 082 453 9017			Fax: 012 991 4134			