

AFFILIATE MEMBERSHIP APPLICATION FORM

SAAHSP is a Non-Profit Organisation that is a dynamic organisation that aims to foster professionalism and unity in the industry, and to co-operate and liaise with all participants in the skin, body and nail care industry ensuring the maintenance of the highest standards of ethical conduct.

BENEFITS OF BEING A SAAHSP AFFILIATE MEMBER:

1. Employment & salary guidance
2. Online platform to gain additional skills
3. Workshops & seminars at a reduced rate
4. Secure electronic cloud-based filing system for qualification/documents
5. Membership payment plan available

#DoTheRightThing

Your membership is valid for one (1) year and needs to be renewed annually.
 Pro Rata membership fees apply from April 2019.

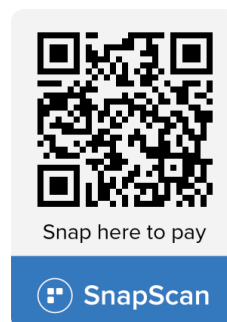
SAAHSP Membership Fees for 2019– please indicate with an X

NEW APPLICATION

New Membership: R770 ☐

I enclose payment as:

SnapScan ☐
 Bank Deposit ☐
 EFT ☐



- **Bank reference should be your full name and surname.**
- Email confirmation of payment with this Application Form to info@saahsp.co.za
- All payments are due at the end of each calendar month.

BANKING DETAILS:

SAAHSP
 First National Bank
 Cresta, Branch Code: 254 905
 Account Number: 5144 097 5783
 Send Proof of Payment to info@saahsp.co.za

PHYSICAL ADDRESS:

Savanah Office Park
 Cycad Building
 Corner 9th Avenue & Rugby Rd
 Weltevredenpark
 Gauteng
 1709

POSTAL ADDRESS:

Postnet Suite 236
 Private Bag X1
 Cresta
 2115

Please complete the Application Form on page 2.

All fields below required to be completed in order to process your application

PERSONAL CONTACT DETAILS							
Name and Surname							
ID No		DOB					
Email Address							
Physical Address							
Code		Province					
Landline number		Alternate number/Cell					
Nationality		Citizen	RSA	Dual	Permanent Resident	Other	
Home Language		Disability					
Gender		Equity	Black	Coloured	White	Indian	
Employment Status							

Declaration: I hereby agree that the above information is correct and authentic.

I wish to apply for membership and do solemnly declare that if elected a member, I will observe all conditions of Membership, conduct, Ethical rules and Regulations, CPD and will conduct myself honorably in the practices of my profession and maintain the dignity and welfare of SAAHSP at all times. I hereby agree that SAAHSP can list me on their marketing data base.

Signature of Applicant

Date