

SAALED

Southern African Association for Learners with Educational Differences



SAALED
NPO 013 241

Membership 2012 - Application Form

Please indicate your type of membership -

	Individual Membership R230.00 per annum
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	Student Membership R110.00 per annum
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Please complete the following in block print -

Surname		Title	
First name			
School/ Organisation			
Profession			
Student No			
Postal Address			
		Postal Code	
Telephone No.			
Fax No.			
Cell No			
e-mail			
Signature			
Date			

Payment -

Direct payment		AccountName	SAALEDMembership
Bank	First National Bank	Branch	Killamey
BranchCode	256205	AccountNo	620 726 252 32

Payment by cheque

Please make the cheque out in favour of – **SAALEDMembership**

Fax, email or post the completed form, together with proof of payment, to SAALED National Office-

• Email:	membership@saaled.org.za
• Fax:	086 681 3547
• Postal address:	PO Box 55023, Northlands, Johannesburg, 2116

**Should you have any queries – please do not hesitate to contact the SAALED National office
011 325 2406**

For Office use only -

Receipt No		Membership No	
Notes			