

## INDIVIDUAL MEMBERSHIP APPLICATION 2025

NPO 013-241

Title:			
Surname:			
First Name:			
School/Organisation/Pr	ivate:		
Profession:			
Cell Number:			
Town:			
Province:			
Country:			
the Annual Seminar at re	educed member r		
Membership is valid from	1 I January 2025 u	nfil 31 December 2025.	
	Banking Det	ails:	
B B B	Account holder: Jank: Branch: Branch Code: Account Number:	SAALED FNB Sandton 254-605 62046846020	
together with your proof surname to membership	f of payment which os@saaled.org.za .	d in full, please return it via email, h must include your name and Thereafter you will receive your for all webinar and seminar	
1 1	_	dded to the database to receive emo	ails, etc







