

Individual Membership Application Form – 2017

Professional / Student Associate Membership

Please complete and return, together with signed CODE OF CONDUCT to Sandra Venter at: sandrav@satiba.org.za

www.satiba.org.za

Address:
 Room 5-64, Level 5
 Pathology Building
 5 Bophelo Road
 University of Pretoria
 PRETORIA
 0001

Board of Directors:
 Prof Michael Pepper (Chair)
 Ms Sandra Venter (Vice)
 Dr Yvonne Holt
 Dr Charlotte Ingram
 Ms Yvonne Cordner
 Ms Cleo Ndhlovu

| | | |
|---|-------------------------|---------|
| Name: | | |
| Employer / Organisation: | | |
| Academic / Private / Other: | | |
| Qualification: | | |
| Area of Interest / Expertise: | | |
| Physical address: | | |
| | | |
| Postal address: | | |
| | | |
| Contact number(s): | | |
| E-mail address: | | |
| Core business of organization / Area of study: | | |
| | | |
| Membership applied for: <i>(mark with X)</i> | Professional Individual | Student |
| Number of full-time employees: | | |
| Other membership held: | | |
| Interest in SATiBA: | | |
| | | |
| | | |
| Signed: | | |
| Date: | | |

ORDINARY MEMBERS:

R10 000-00pa for Tissue banks / Organisations with 10+ full-time employees
 R5 000-00pa for Tissue banks / Organisations with less than 10 full-time employees
 R2 500-00pa for Tissue banks / Organisations with less than 5 full-time employees

ASSOCIATE MEMBERS:

R2 500-00pa for Organisations
 R1 000-00pa for Individuals
 R 200-00pa for Students

PAYMENT OF MEMBERSHIP FEES:

Upon receipt and processing of the application form, an invoice for payment will be issued. Payment must then be made within 30 days and every year thereafter before 31 March.