



**SOUTHERN AFRICAN ASSOCIATION FOR INSTITUTIONAL RESEARCH
(SAAIR)**

Administrator:
Ms Carin Strydom
TEL: 071 160 5458
FAX: 086 756 6324
<http://www.saair-web.co.za>

APPLICATION FOR INDIVIDUAL MEMBERSHIP OF SAAIR

MEMBERSHIP YEAR: 1 SEPTEMBER 2010 – 31 AUGUST 2011

Important: By completing this application, you affirm that you have read and agree to the terms and conditions of membership.

Title:

Name: Surname:

Type of individual membership: Regular Student

Name of Institution:

Position and Department:

Postal address:

E-mail address:

Tel: Fax:

Gender: Female Male Date of birth:

Primary spoken language:

Highest degree earned:

List of related groups to which you belong:

Signature

Date

CONDITIONS

1. Membership is not transferable but representatives may be changed.
2. All representatives are entitled to vote or hold elective office.
3. Each representative receives the SAAIR Newsletter and all post-Forum publications.
4. Membership fees are approved by the members at the Annual General Meeting.
5. Membership lasts from 1 November to 31 October in the following year.
6. Student membership: Evidence that you are a registered student should accompany your application.
7. **Fees:** Individual membership - Regular: R150 (one delegate of an Institution).
Individual membership - Student: No fee
Organisational membership: R400 (three delegates of an Institution).

Payment options:

- Cheques are payable to **SAAIR**.
- Electronic payments can be made to the following account:
ABSA, Brooklyn Pretoria
Branch code: 632005
Cheque account: 40-4946-0855

For office use

Date received _____
Type of membership _____
Amount received _____
Approved _____