South African Society of Artists : Membership Application

This information remains confidential to the Society and is not released to any third party whatsoever.

Date (yyy/mm/dd))

Application For: (Please Tick) ☐ **SASA Membership** ☐ **Student Membership** ☐ **Country Membership**

Surname **Initials**

First Names **Date of Birth (yyyy/mm/dd)**

Title (Mr / Mrs / Ms etc.)

Postal Address **Code**

Residential Address **Code**

Telephone **Home** **Work** **Cell**

Fax **E-mail address**

Please tick the relevant box

Preferred Art Mediums: ☐ **Oils** ☐ **Acrylic** ☐ **W/Colours** ☐ **Pastels** ☐ **Sculpture** ☐ **Mixed Medi**

Preferred Genre: ☐ **Figure** ☐ **Still-Life** ☐ **Abstract** ☐ **Landscape** ☐ **Portrait** ☐ **Miniature**

If Other: Please Specify

Occupation/profession

Art training, if any?

How would you prefer to receive any SASA correspondence? ☐ **E-Mail** ☐ **Post**

Would you be interested in assisting with any of the following: ☐ **Library** ☐ **Tea** ☐ **Hanging** ☐ **Workshop** ☐ **Other:**

For Official Use Only:

Date of Payment **Membership Renewal**

Method of Payment **New Member**

TOTAL FEES RECEIVED

If you have any queries, please contact Linda Howe-Ely at + 27 (0) 21 797 2601.