

SOUTH AFRICAN ASSOCIATION OF SCIENCE AND TECHNOLOGY EDUCATORS



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APPLICATION FOR INSTITUTIONAL MEMBERSHIP

NAME OF INSTITUTION: _____

CONTACT ADDRESS: _____

CONTACT NO. _____

(W) _____

(F) _____

(CELL PRINCIPAL) _____

E-MAIL _____

NAMES OF EDUCATORS

Province (Please Tick)

Eastern Cape	Free State	Gauteng	KZN	Limpopo	Mpumalanga	Northern Cape	North West	Western Cape

District: _____

AREA/S OF INTEREST / SPECIALISATION: (Please tick all applicable)

LIFE SC.	TECHNOLOGY	PHYSICAL SC.	NATURAL SC.	TERTIARY SC.
TECHNIKAS	EARTH SC.	TEACHER ED.	OTHER:	

ANNUAL MEMBERSHIP FEE: **R 500**
 + **R100 per educator if more than 5**

Acc no : **032924968** Bank: **Standard Bank**
 Branch: Nelspruit
 Type: cheque account

Send completed forms to: Laila Smith
 Fax : 086 766 9073
 Telephone : 011 717 6705

Email: saaste.chem@wits.ac.za

 SIGNATURE

 DATE