



SOUTHERN AFRICAN ARCHAEOLOGICAL STUDENT SOCIETY

INDIVIDUAL MEMBERSHIP FORM

Please type or print clearly in BLOCK letters.

Membership Status

First Time Applicant

Current

Name(s):

Last Name:

Date of Birth:

Preferred Email Address:

Institution or Work Email Address:

Mobile Number: +

Current Institutional Affiliation:

Current Degree Level:

Speciality:

Current Occupation:

Nationality:

Current Country of Residence:

Language(s):

Educational Background		
Qualification	Institution	Year Awarded / Completed

Professional Appointments/Previous Jobs		
Institution	Position Held	Period

MOTIVATION FOR WANTING TO JOIN SAASS (150 words)

(First Time Applicants ONLY)

WHAT WOULD YOU LIKE TO GAIN FROM BEING A MEMBER OF SAASS?

(First Time Applicants ONLY)

HOW DID YOU HEAR ABOUT US?

Search engine (i.e., Google)

Recommended by friend or colleague

From your University

Social Media (i.e., Facebook, LinkedIn, Instagram, X)

Other

CHECKLIST *(All)*

Membership Form

Recent Curriculum Vitae (CV) (3 Pages max)

Proof of Qualification(s)/Proof of Registration

*These attachments must be emailed to **officialsaasc@gmail.com***

*Please note that membership will be **DENIED** if these attachments are not received.*

PERMISSIONS

Do you agree to being contacted and receiving updates on your preferred email?

Do you agree to being added to and participating in the SAAS Society WhatsApp group?

Do you agree to be involved in social media posts?

Do you agree to having your picture posted on social media?

AGREEMENT

I _____ hereby confirm that the information provided above is correct and complete.

I have read the SAASS Code of Ethics and confirm that I am committed to these principles and values for my work as a SAASS Member. I accept that participation in any activities of the Society is at my own risk.

Applicant Signature/Initials:

Signed at:

Date:

For Office use Only

Reviewed by:

Date:

Comments:

Approved		Not Approved	
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Signature:

Signature:

Chair

Membership Number:

Terms and Conditions

All information collected in this form will be safely stored and will not be distributed in compliance with the POPI act.