

SOUTH AFRICAN ASSOCIATION OF SCIENCE AND TECHNOLOGY EDUCATORS

Laila Smith - SAASTE

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APPLICATION FOR MEMBERSHIP 2013

TITLE & NAME: _____

SURNAME: _____

CONTACT ADDRESS: _____

CONTACT DETAILS.

(W) _____

(H) _____

(FAX) _____

(CELL) _____

E-MAIL _____

PROVINCE: **NORTH WEST**

District: _____

Branch or Area Office: _____

International membership		
Country _____	State/City _____	Nationality-----

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

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

NAME OF INSTITUTION OR SCHOOL:

ANNUAL MEMBERSHIP FEE: R 100 Acc no : **032924968** Bank : **Standard Bank**

Branch: Nelspruit Type: cheque account

Send completed forms to: Laila Smith FAX : 031 260 3091 Attention: Laila Smith

Telephone: 031- 260 8756

SIGNATURE

DATE