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| **INDIVIDUAL APPLICATION FORM - PLEASE PRINT OR TYPE ALL INFORMATION IN BLOCK CAPITALS USING BLACK INK** | | | | | | | | | | | | | | | | | | | | | | | | |
| **SASQ INDIVIDUAL APPLICATION FOR MEMBERSHIP**  **Please consult the latest fee and benefits schedule found on the website** | | | | | | | | | | | | | | | | | | | | | | | | |
| **SASQ POPI ACT COMPLIANCE**  Your privacy is important to us! The information you provide us will only be used in accordance with the requirements of the POPI Act and as detailed in our [Privacy Policy](about:blank)(found on our Company website). | | | | | | | | | | | | | | | | | | | | | | | | |
| **Membership Grade applied for:** **🞎** Under **Graduate student 🞎 Post Graduate Student 🞎 Affiliate** 🞎 Ordinary Member  🞎 Senior Member | | | | | | | | | | | | | | | | | | | | | | | | |
| **Stream Application:** 🞎 Quality 🞎 Quality Assurance in Higher Education | | | | | | | | | | | | | | | | | | | | | | | | |
| **Options:** 🞎 Digital subscription to Business Brief Magazine 🞎 Prepaid discounted conference fee | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Names:** | | | | | | | | | | | | **Nick Name:** | | | | | | | | | | | | |
| **Surname:** | | | | | | | | | | | | **Title:** 🞎 Mr 🞎 Ms 🞎 Miss 🞎 Dr 🞎 Prof | | | | | | | | | | | | |
| **Citizenship:** | | | | | | | | | | | | **ID No:** | | | | | | | | | | | | |
| **Job Title:** | | | | | | | | | | | | **Email Address:** | | | | | | | | | | | | |
| **Cell no:** | | | | | | | | | | | | **Passport no (optional):** | | | | | | | | | | | | |
| **Gender:** 🞎Male🞎 Female 🞎 do not want to disclose | | | | | | | | **SA Ethnic Group:** 🞎 **Black**  🞎 White 🞎Coloured 🞎Indian 🞎 Foreigner | | | | | | | | | | | | | **Work status**  🞎 Retired 🞎 Employed  🞎 Not Employed  🞎 High School Scholar  🞎 Junior Scholar | | | |
| **Company Name and Address:** | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | **Postal Code:** | | | | | | | | | | | | | **Vat No:** | | | | | |
|  | | | | | | **Business Telephone:** | | | | | | | | | | | | | **Fax:** | | | | | |
| **Economic Sector:** | | | | | | | | | | | | **Type of Business:** | | | | | | | | | | | | |
| **Home Address:** | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | **Postal Code:** | | | | | | | | | | **Alternative Telephone:** | | | | | | | | |
| **Preferred Mailing Address:** (Your SASQ certificate will be mailed to this address) 🞎 Work. 🞎 Home | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indicate how you were referred to the SASQ:** 🞎 Friend 🞎 Colleague 🞎 Journal 🞎 SASQ Meeting 🞎 SASQ Member  🞎 Conference / Seminar 🞎 Website 🞎 Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is your company paying for your membership?** 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is your company a Member of SASQ?** 🞎 Yes 🞎 No 🞎 Don’t know | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you want a letter sent to your organization recognizing your membership to SASQ?** 🞎 Yes 🞎 No If yes, please supply details of the person who will receive the email | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of recipient:** | | | | | | | | | | | **Email Address:** | | | | | | | | | | | | | |
| **Do you want to be a respondent for research studies in the quality field**? 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you want your details to be inserted on the SASQ website?** 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preferred area to attend SASQ events:** 🞎 Johannesburg 🞎 Pretoria 🞎 Durban 🞎 Port Elizabeth 🞎 Cape Town 🞎 Nelspruit 🞎 Bloemfontein 🞎 other (state………………………………………………..) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Highest Academic Qualification:** (School, College, University or other)  **Please submit certified copies (certification not more than 3 months old) of qualifications and a current CV** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Month & Year** | | | **Award /Certificate** | | | | **Course /Subject** | | | | | | **Institution** | | | | | | | | | | | **For Office Use Only** |
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| **Relevant Non - Academic Certificates:**  **Please submit certified copies (certification not more than 3 months old) of qualifications and a current CV** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Month & Year** | | | **Award /Certificate** | | | | **Duration** | | | | | | **Institution** | | | | | | | | | | | **For Office Use Only** |
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| **Practical Training and Experience**  (Covering the last 10 years - Certified certificates to be attached) | | | | | | | | | | | | | | | | | | | | | | | | |
| **From:**  **(Month / Year)** | | **To:**  **(Month / Year)** | | **Name of Organisation** | | | | | | | | **Nature of Work** | | | | | | | | | | | | **For Office Use Only** |
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| Membership of Professional Institution: (Please attach proof) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Professional Institution** | | | | | | | | | | | **Year Elected** | | | | | | | **Grade** | | | | | | |
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| **Current and previous employment** | | | | | | | | | | | | | | | | | | | | | | | | |
| **From**  **(Month & Year)** | | | **Name of Organisation** | | | | | | | **Job Title** | | | | **Nature of Work** | | | | | | | | | | **For Office Use Only** |
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| Provide short motivation as to why you want to join SASQ (not required for members who are renewing their membership) | | | | | | | | | | | | | | | | | | | | | | | | |
| Tick List of attachments submitted as required [all certified documents must be valid within a 3-month period] | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Certified copy of ID or passport** | | | |  | | **Certified copies of training programs** | | | | | | | | | | |  | | **Proof of payment of evaluation fee** | | | | |
|  | **Supporting references if you want to add** | | | | | | | |  | **Certified copies of relevant qualifications** | | | | | | | | | | | |  | **Detailed CV** | |
|  | **Portfolio of evidence if you opted for the portfolio option for evaluation** | | | | | | | | | | | | | |  | | **Signed code of conduct and ethics** | | | | | | | |

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| I certify that the information submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my membership revoked. I also understand that the application fee is not refundable.  **SIGNATURE OF APPLICANT:** …………………………………………………………… **Date:**………………………………………………………… |
| **Email completed application forms and all supporting documentation to**  **E-Mail:** [**Vanessa@sasq.org.za**](about:blank) **and also to africanassociations@gmail.com**  **WhatsApp: 072 446 3849** |
| **Banking Details for the application fee**  **Please use your name as the reference**  **ACCOUNT DETAILS:**  Nedbank Branch: CARLSWALD, Midrand Branch Code: 17-79-42  Account Number: 1605 132306 Account type: Cheque |

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|  | For Office use only |  |
| Received: |  |  |
| Evaluated by: (1) |  |  |
| Evaluated by: (2) |  |  |
| Evaluated by: (3) |  |  |
| Grade awarded: |  |  |
| Feedback: |  |  |
| Fees Paid: |  |  |
| Effective date: |  |  |
| Fully Registered: |  |  |
| Data Base updated |  |  |