



SOUTHERN AFRICAN ARCHAEOLOGY STUDENT SOCIETY

INDIVIDUAL MEMBERSHIP FORM

Please type in response or print and write clearly in BLOCK letters

Name(s):

Last Name:

Date of Birth:

Preferred Email Address:

Institution or Work Email Address:

Mobile Number: +

Current Institutional Affiliation:

Current Degree Level:

Specialty:

Current Occupation:

Nationality:

Current Country of Residence:

Language(s):

Educational Background		
Qualification	Institution	Year Awarded

Professional Appointments/Previous Jobs		
Institution	Position Held	Period

MOTIVATION FOR WANTING TO JOIN SAASS (max 150 words)

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

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

- 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.