



INCORPORATED UNDER SECTION 21 : NO. 2004/030271/08
 AFFILIATED TO FEDUSA

HEAD OFFICE:
 PO BOX: 565, FLORIDA 1710, SOUTH AFRICA
 42 GOLDMAN STREET, FLORIDA 1709, SOUTH AFRICA
 TEL: 011 472 3600 FAX: 086 691 7940
 INTERNET: WWW.UASA.ORG.ZA

C O N F I D E N T I A L

MEMBERS DETAILS

(Mr / Ms) Surname: Full Names:
 UASA Membership No:
 ID No: Employer:

CONTACT DETAILS

Postal Address: code:
 Home Address: code:
 Tel No. (H): Tel No. (W):
 Cell No: E-mail: Race:

Proof of Income: Latest pay sheet to be attached please.

DEPENDANTS	BIRTH DATES
<input type="text"/>	<input type="text" value="Y Y Y Y / M M / D D"/>
<input type="text"/>	<input type="text" value="Y Y Y Y / M M / D D"/>
<input type="text"/>	<input type="text" value="Y Y Y Y / M M / D D"/>

Motivation: I believe that my application should be favourably considered because:

STUDENT DETAILS

(Mr / Ms) Surname: Full Names:
 University / Institution: Course: (e.g. B.Com.)
 Relationship to member:

Status: Please attach proof that you have successfully completed at least the first year of study as well as proof that you have enrolled for the current year.

Motivation: I believe that this application should be favourably considered because I have the potential to:

I accept that the adjudicators of my application may verify any of the information provided by me and that their decision will be final.

Signed: at

Members signature

Print member name