



## SHAA (SA) - Society of Hearing Aid Acousticians (SA)

### MEMBERSHIP APPLICATION FORM / RENEWAL FORM

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID No: \_\_\_\_\_

GAK No \_\_\_\_\_ Date of Registration \_\_\_\_\_

#### Contact Details

#### Physical Address

\_\_\_\_\_  
\_\_\_\_\_  
Postal Code \_\_\_\_\_

#### Postal Address

\_\_\_\_\_  
\_\_\_\_\_  
Postal Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Cell no: \_\_\_\_\_

Areas where you practice.

\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

For office use only: SHAA membership number: \_\_\_\_\_

Please return this form with your proof of payment to THE TREASURER by fax or mail.

Fax: 086 671 5422 or P O Box 34866, Newton Park, 6055