



# SACEE

## Pretoria Branch Membership Form

Please indicate whether this is:

A First application for Membership

A Renewal application for membership – 20.....

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Name/School: .....

Postal Address: .....

.....Postal Code:.....

Contact Person: .....

Tel No.: .....(w) .....(cell)

E-mail address: .....

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Category of membership and fee: (Please tick appropriate box)

- |                          |                                      |         |
|--------------------------|--------------------------------------|---------|
| <input type="checkbox"/> | Individual:                          | R100.00 |
| <input type="checkbox"/> | Pensioner/Scholar/Student            | R 50.00 |
| <input type="checkbox"/> | School:                              | R400.00 |
| <input type="checkbox"/> | Sponsorship of disadvantaged school: | R150.00 |

..... (name of school)

Kindly deposit the fee due into the following bank account:

Account Holder: SA Council for English Education, Bank: Nedbank (160245)  
Account number: 1602057478, Ref: Name or Name of School. Proof of payment  
together with this form can be faxed to: 0865036140

Signature: ..... Date: .....