



MEMBERSHIP APPLICATION FORM

SOUTH AFRICAN ATTORNEYS ASSOCIATION

APPLICANT INFORMATION		
Full Name:	Surname:	
Preferred Name:	Title:	
ID Nr:	Language Preference:	
Physical Residential Address:		
City:	Province:	Postal Code:
Postal Address:		
Email Address:	Cell Phone Nr:	
PRACTISING ATTORNEY (PLEASE COMPLETE THIS SECTION IF YOU ARE A PRACTISING ATTORNEY)		
Firm under which you are practicing:		
Physical Address of firm:		
City:	Province:	Postal Code:
Landline:	Date of Commencement of practice:	
Name of other legal organisations, including law societies, local attorneys associations and voluntary associations where you are a member:		
CANDIDATE ATTORNEYS (PLEASE COMPLETE THIS SECTION IF YOU ARE A CANDIDATE ATTORNEY)		
Candidate attorney at which firm:		
Physical Address of firm:		
City:	Province:	Postal Code:
Principal's name:	Date of Expiration of learnership:	
MEMBERSHIP TYPE		
Candidate Attorney R100 Per annum	Attorney practicing less than 5 years: R300 per annum	Attorney practicing more than 5 years: R500 per annum
I confirm that I have read the constitution of the South African Attorneys Association and herewith apply for membership.		
I confirm that I am not a member of an association of which the aims and objectives are in conflict with the aims and objectives of this Association.		
I associate myself with the aims and objectives of the Association as set out in the Constitution (and as amended from time to time) and confirm to abide by its terms and conditions		
I confirm the above information to be correct and undertake to advise in any changes herein.		
SIGNATURES		
Signed at _____ on this _____ day of _____ 20_____		
Signature of applicant:		
Signature of witness 1:		
Signature of witness 2:		

Bank Details: Cloete & Neveling Inc, Absa Bank Harrismith, Branch Code: 632005, Account Nr: 910230689
Reference: S9051 & your name.