



NPO 102-303

# 2015 LAUNCH MEMBERSHIP

South African Association  
for Community Development  
14 Skerne Place  
Hillary  
Durban, 4094  
Fax: +27 (0) 86 520 4018  
[membership@saacd.com](mailto:membership@saacd.com)  
[www.cdpsc.co.za](http://www.cdpsc.co.za)

New/launch membership

Surname: \_\_\_\_\_ Title: (e.g. Ms, Mr, Dr, Prof) \_\_\_\_\_

Full names: \_\_\_\_\_

ID number:

Preferred Postal Address: \_\_\_\_\_

Postal Code:

Town / City: \_\_\_\_\_ Province: \_\_\_\_\_

Tel:    -    -    Fax:    -    -

(Please provide the numbers where you can be contacted during business hours)

Cell phone Number    -    -

E-mail Address: \_\_\_\_\_

Name of Institution / Employer / Organization: \_\_\_\_\_

Highest Qualification:  Matric  Diploma  Nat. Certificate  Degree  Post Graduate

No formal Qualification:

**Membership Category (Launch offer only to March 2015)**

|  |                   |  |
|--|-------------------|--|
| Individual Member (South Africa)                               | R150-00           |  |
| Individual Member (Africa)                                     | <b>US\$</b> 17-00 |  |
| Individual Member (International)                              | <b>US\$</b> 37-00 |  |
| Full Time Student*, Pensioners, Unemployed & Volunteer Workers | R150-00           |  |
| <i>DONATION TOWARDS SAACD 2015 CONFERENCE</i>                  | R                 |  |
| <b>TOTAL AMOUNT DUE</b>  | <b>R</b>          |  |

\* Student Number: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

**Please make all cheques / postal orders / EFTs payable to:  
Community Development Professionalisation Steering Committee**

Bank Details: Community Development Professional Steering Committee:  
Standard Bank of South Africa  
Acc no.: 281 521 727 Branch code: 04 41 26

Send your membership form and a clear / readable proof of payment via one of the following methods to:

**Post:** 14 Skerne Place, Hillary, Durban, 4094 **Fax:** +27 (0) 86 520 4018 **E-Mail:** [membership@saacd.com](mailto:membership@saacd.com)

**We do not take responsibility for payment received without your full name as a reference.**

Signature: \_\_\_\_\_

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