

## Individual Membership Application Form – 2016

### Professional / Student Associate Membership

Please complete and return, together with signed CODE OF CONDUCT to Sandra Venter at: [sandrav@satiba.org.za](mailto:sandrav@satiba.org.za)

[www.satiba.org.za](http://www.satiba.org.za)

**Address:**  
 Room 5-64, Level 5  
 Pathology Building  
 5 Bophelo Road  
 University of Pretoria  
 PRETORIA  
 0001

**Board of Directors:**  
 Prof Michael Pepper (Chair)  
 Ms Sandra Venter (Vice)  
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 Mr Petrus Loubser  
 (Treasurer)  
 Dr Yvonne Holt  
 Dr Charlotte Ingram  
 Ms Yvonne Cordner

**Legal Advisor:**  
 Prof Magda Slabbert

Name:		
Employer / Organisation:		
Academic / Private / Other:		
Qualification:		
Area of Interest / Expertise:		
Physical address:		
Postal address:		
Contact number(s):		
E-mail address:		
Core business of organization / Area of study:		
Membership applied for: <i>(mark with X)</i>	Professional Individual	Student
Number of full-time employees:		
Other membership held:		
Interest in SATiBA:		
Signed:		
Date:		

**ORDINARY MEMBERS:**

R10 000-00pa for Tissue banks / Organisations with 10+ full-time employees  
 R5 000-00pa for Tissue banks / Organisations with less than 10 full-time employees  
 R2 500-00pa for Tissue banks / Organisations with less than 5 full-time employees

**ASSOCIATE MEMBERS:**

R2 500-00pa for Organisations  
 R1 000-00pa for Individuals  
 R 200-00pa for Students

**PAYMENT OF MEMBERSHIP FEES:**

**Upon receipt and processing of the application form, an invoice for payment will be issued. Payment must then be made within 30 days and every year thereafter before 31 March.**