



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