



Email Address:

ID / Passport Number:

First Name:

Last Name:

Current Job Title:

Office Telephone:

Mobile Number:

Your Qualification:

- High school degree or equivalent (e.g. GED)
- Some college, no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Master's degree (e.g. MA, MS, MEd)
- Professional degree (e.g. MD, DDS, DVM)
- Doctorate (e.g. PhD, EdD)

Your Age Group:

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- Older than 55 years

the level at which you operate within your organisation:

- Intern
- Entry Level
- Associate
- Manager
- Senior Manager
- Director
- President or CEO
- Owner
- Other (Please Specify)

Preferred Social Media Platform:

- LinkedIn
- Facebook
- Twitter
- Other (Please Specify)

How would you prefer to receive news from SAAMA?

- Social Media
- Email
- Phone calls
- Phone messages (SMS or WhatsApp)
- Other (Please Specify)

Which of the following SAAMA offerings interests you (you may select more than one)?

- Networking events
- Access to leading AM Practices (e.g. case studies)
- Access to AM Standards & Guidelines
- Development of AM Competencies (e.g. Qualifications & designations)
- Other (Please Specify)

Your ECSA Number:

What industry do you work in?

If choosing a corporate package, please provide on separate page, a list of employees and their info as above to fill the required compliment for that specific package.

Company Name:

VAT Number:

Postal Address:

City:

Postal Code:

Province:

Country:

Type of Membership:

Individual (RSA):

Individual (Outside RSA):

Ruby Member Package:
(covers 5 employees)

Diamond Member Package:
(covers 30 employees)

Emerald Member Package:
(covers 20 employees)

Sapphire Member Package:
(covers 10 employees)

No. of Employees Within the Company:

Who should we invoice?

My Company:

Make it out to me:

Date:

Signature:

Once completed, please submit this form to the SAAMA Secretariat on saamaservices@vdw.co.za.