



# SOUTH AFRICAN STUDENTS' CONGRESS MEMBERSHIP FORM



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Surname

First Names

Date of Birth  Student no

Branch  Province

Nationality  Race e.g. Indian

Gender Female  Male

Course of Study

Campus Address

Cell No.  Fax No

Tel No.  Email

What other organisation(s) do you belong to:

Do you participate in other codes, e.g. Arts, Sports? If yes, state.

New  Renewal

### Declaration

I.....(Full Name), declare to abide by the constitution and code of conduct of SASCO and commit myself to its programme of action.

Applicant's Signature:.....

### OFFICIAL USE

Membership Number : \_\_\_\_\_

Branch Secretary : \_\_\_\_\_

Date : \_\_\_\_\_ / \_\_\_\_\_ / 2006