APPLICATION FORM - SAGA FULL MEMBER



monthly in advance, as benefits are subject to	s applicable, and to abide by the Consti the terms and conditions as may be dec	itution and Rules cided upon by th	SAGA at all times. I fully understand that SAGA e Executive Committee from time to time. I also
understand that all me	embership rights lapse after one (1) mon	th of non-payme	nt of my subscriptions.
(MR/MRS/MS) SURNAME		FULL NAM	DE CONTRACTOR OF THE CONTRACTO
ID NUMBER		DoB	-
MOBILE		EMAIL	
POSTAL ADDRESS			CODE
List relevent training and e	xperience		
SPOUSE & CH	ILDREN		
NAME	DoB	NAME	DoB
NAME	DoB	NAME	DoB
NAME	DoB	NAME	DoB
DANKING DET	AU C & DEDIT ODDED		
BANKING DEIZ	AILS & DEBIT ORDER		
BANK		ACC #	
BRANCH		CODE	
TYPE OF ACC		ACC HOLDER	
DEBIT START		DEBIT DAY	Please debit my account on the of each month
against my abovement adjusted from time to thereafter regularly on day (weekend or publicularly on subseterms of this Agreemer seven (7) days, and ser Mandate: I acknowled instructions had been by me, such cancellati withdrawn from my acc I hereby consent to SA authorised to furnish, protect my legitimate in purpose linked to my provisions of SAGA's pwebsite and on requestmembers at favourable I hereby acknowledge and that certain of my	cioned account at my abovementioned be time. I agree that the first payment institute "Debit Day" of each month. If however lic holiday) I agree that the payment instructions will continue to the payment instructions issued in the payment instructions issued issued by me personally. Cancellation: I also will not cancel this Agreement. I also count (paid) in terms of this authority and GA collecting and processing my person as obtained from myself and through of interests, fulfil its obligations to myself, my membership. Notwithstanding anything protection of Personal Information Policy st. As a value added benefit, SAGA negot a rates, including, legal services, funeral put that SAGA may from time to time outsour personal information will be furnished to	ank for the amoustruction will be ver, the date of the struction may be to be delivered a cancelled by me za. by you shall be agree that althous on understand the lamination and their lawful and response, depending contained here (Data Policy), arbitates offerings folans, will and estree certain of its of o such third part	Indicated that of my spouse and dependants which I ame assonable public sources, in order for SAGA to ants and other members and for any other lawfulting to the contrary, I have read and accept the nended from time to time, as available on their or certain products and services on behalf of its
SIGNATURE		DATE	