



# SOUTH AFRICAN STUDENTS' CONGRESS

## MEMBERSHIP FORM



54 Pixley KaSeme Street, Chief Albert Luthuli House, Johannesburg, 2001  
Tel No: (011) 376 1000 Website : www.sasco.org.za

Surname

First Name(s)

Date of Birth  Student No.

Branch/Campus Name  Institution

Nationality  Race e.g. Indian

Gender Male  Female

Course of Study

Cell No.  Tel No.

Email

What other organisations do you belong to?

Do you participate in any sports or recreational activities e.g. Arts, Sports? If yes, please state

New  Renewal

Social Media Networks? If Yes, kindly provide your details  
Twitter   
Facebook  Instagram

### Declaration

I.....(Full Name), declare to abide by the constitution and code of conduct of the South African Students' Congress and commit myself to its programme of action.

Applicant's Signature : ..... Date : ...../...../.....

OFFICIAL USE ONLY	
Membership Number	: .....
Branch Secretary	: .....
Date	: / / 2019

### SASCO National Membership Account Details

Bank Name	: <b>First National Bank</b>	Account Holder	: <b>SASCO</b>
Account Type	: <b>Cheque</b>	Account Number	: <b>621 084 541 17</b>
Reference	: <b>Applicants' Details and Branch or Campus Name</b>		Joining Fee : <b>R10.00</b>