



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 : / / 2018

SASCO National Membership Account Details

Bank Name : **First National Bank** Account Holder : **SASCO**

Account Type : **Cheque** Account Number : **621 084 541 17**

Reference : **Applicants' Details and Branch or Campus Name** Joining Fee : **R10.00**