



# SANEF MEMBERSHIP APPLICATION FORM

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The Station, 63 Peter Place, Bryanston, Johannesburg, 2169

Tel.: 010 0018971. Reg. No. 046 338 NPO · [www.sanef.org.za](http://www.sanef.org.za) · [director@sanef.org.za](mailto:director@sanef.org.za)

## PERSONAL DETAILS:

TITLE:	
SURNAME:	
FIRST NAME:	
ID NUMBER	
CELLPHONE NUMBER	
E-MAIL ADDRESS	
HOME ADDRESS	
<b>EMPLOYMENT DETAILS:</b>	
MEDIA HOUSE/INSTITUTION/EMPLOYER	
JOB TITLE	
JOB DESCRIPTION	
EMPLOYMENT TYPE (FULL-TIME/FREELANCE)	
PRINT/ONLINE/MAGAZINE/BROADCAST	
WORK E-MAIL	
WORK TEL	
APPROVAL	



<b>SANEF MEMBERSHIP</b>	
(Please choose whichever is applicable)  <b>MEMBER</b> (Available to senior journalists who have editorial decision-making powers and media educators, at the discretion of the Mancom): R690.00  <b>FOUNDING MEMBER</b> (Available to those whose names appear in Annexure A to the Constitution): R690.00  <b>ASSOCIATE MEMBER</b> (Available to former editors and people with media expertise, at the discretion of the Mancom): R690.00	
<b>NOMINATION FOR MEMBERSHIP</b>	
<b>NOMINATION:</b> Proposed by existing SANEF member (Name & Surname):	
<b>Seconded by Regional Convenor</b> (SANEF Office to obtain signature):	
<b>SANEF Mancom decision:</b>  Approved: ..... Declined: .....	
Date: ..... Signature: .....	
<b>PAYMENT DETAILS</b> (If fees are to be paid by your employer, please provide correct invoicing details and VAT Reg No)	
<b>Name of Employer:</b>	
<b>Full Employer Address</b>	
<b>VAT Reg No</b>	



I confirm that I support the principles expressed in the applicable Code(s) of Conduct developed by the Broadcasting Complaints Commission of South Africa, the Independent Communications Authority of South Africa and/or the Press Council and the Interactive Advertising Bureau of South Africa.

I confirm that I understand that admittance to membership is at the sole and absolute discretion of the Mancom. If approved, an invoice will be forwarded to you for payment.

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of applicant

Please send through the complete application form to [dzudzie@sanef.org.za](mailto:dzudzie@sanef.org.za)