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**Membership Application / Renewal**

**Registration Form**

**Last Names: Membership #: (office use only)**

**First Names:**

**Current Appointment:**

**Postal Address:**

**Email address:**

**Telephone Number:**

**Fax Number: Date:**

**MEMBERSHIP / RENEWAL (Please check box):**

**Full Membership** **[ ]  ……………………………………… $ 50.00**

**Renewal [ ]  ……………………………………… $ 50.00**

**PAYMENT:**

On approval membership payments can be made via bank transfer, details will be provided.

***Enquiries to:*** AS4SANinc@gmail.com