

SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

Registration No. 2014/162285/08

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MEMBERSHIP CANCELLATION FORM

MEMBERSHIP NUMBER	<input type="text"/>
SURNAME	<input type="text"/>
INITIALS	<input type="text"/>
IDENTITY NUMBER	<input type="text"/>
POSTAL ADDRESS (Preferred)	<input type="text"/>
POSTAL CODE	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>
FAX NUMBER	<input type="text"/>
TELEPHONE NUMBER	<input type="text"/>
ORGANIZATION/SERVICE	<input type="text"/>
REGION/BRANCH	<input type="text"/>

I, _____ with ID Number _____
would hereby like to cancel my membership with SAESI.

Reason for cancellation:

Applicant
Signature: _____ Date: _____

NB!!! Membership fees already paid, will NOT be re-imbursed. Please send cancellation form to SAESI Head office on the contact details provided above.