APPLICATION FOR MEMBERSHIP / ANNUAL RENEWAL

<table>
<thead>
<tr>
<th>First time Application</th>
<th>Annual Renewal of Membership*</th>
<th>* Membership Number:</th>
</tr>
</thead>
</table>

First Names & Surname

ID Number

SADTC Registration Number

Laboratory Name & Address

Professional capacity:
If Other, please specify
- Dental Technician
- Lecturer
- Dental Trader
- Other
- Denturist

Telephone numbers
- Home (    )
- Work (    )
- Fax (    )
- Cellular (    )

E-mail Address

Qualifying Training Institution

Qualifying year

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I hereby apply for membership of The Society for Clinical Dental Technology and I agree and accept to conform to the Constitution of the Association. I support the legalization of the direct provision of dentures by Clinical Dental Technologists and support the Denturism initiative of The Society for Clinical Dental Technology and hereby petition the lawmaker to provide legislation accordingly. I shall also conform to all other directions as issued by the Association. The Constitution requires members to notify the Association, in writing, if they wish to cancel/cease membership. I undertake to pay all membership fees and levies on due date.

SIGNED………………………………………………………………………………                                   DATE…………………………………….

I would like to contribute to The Society by personally getting involved in one of the following areas:

- Administration
- Association Organization
- Peer Support/Marketing
- Fund Raising
- Developing Strategies
- Developing educational framework
- Developing legislative campaign
- Newsletters and Media Reports/Website maintenance
- Debating/Negotiating with Stakeholder Groups
- Other (Please Specify) .........................................................

Issued by The Society for Clinical Dental Technology to facilitate Membership/Renewal Registration
SUBSCRIPTION FEE: The annual subscription for 2015 is R500-00

The financial year of THE SOCIETY FOR CLINICAL DENTAL TECHNOLOGY is from 1 March – 28 February. Membership renewal is required by the 1st of March annually, by remittance of this form, accompanied by proof of payment. New applications after 1 September will be at 50% of the annual fee: R250-00

Please indicate method of payment:

- Electronic Funds Transfer □
- Direct deposit □
- Debit Order Instruction □

Please remember to attach proof of payment (stamped deposit slip, printout of EFT payment, or debit order), and fax back with your completed application form to the Society for CDT!

OUR BANKING DETAILS FOR ELECTRONIC PAYMENTS, OR DIRECT DEPOSITS ARE

<table>
<thead>
<tr>
<th>Savings Account Holder:</th>
<th>The Society for Clinical Dental Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank:</td>
<td>Absa Bank, Tygervalley, Bellville. Western Cape</td>
</tr>
<tr>
<td>Account Number:</td>
<td>917 155 8761</td>
</tr>
<tr>
<td>Branch Code:</td>
<td>632005</td>
</tr>
</tbody>
</table>

For ease of payment, you may alternatively complete the following debit order instruction

My bank details are as follows:

- Bank:
- Branch Name & Town:
- Branch Number:
- Account Number:
- Type Of Account: Current Savings Transmission Cheque Other

I hereby authorize THE SOCIETY FOR CLINICAL DENTAL TECHNOLOGY to debit the above bank account for the annual subscription for membership of THE SOCIETY FOR CLINICAL DENTAL TECHNOLOGY in a single payment for the amount of R…………………………. I further also agree to pay any charges related to unpaid returned items.

Note: A cancelled cheque should be attached for bank identification purposes. (Current Accounts only)

ACCOUNT HOLDERS SIGNATURE………………………………………           DATE:………………………………………

KINDLY RETURN THIS COMPLETED APPLICATION FORM TO:
71 Duminy Street, Boston, BELLVILLE 7530 South Africa
OR FAX TO:
(021) 592 1344

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