



# South African Association of Women Graduates

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## INDEPENDENT MEMBER APPLICATION FORM

|                                      |     |                  |  |     |    |
|--------------------------------------|-----|------------------|--|-----|----|
| Surname Used                         |     |                  |  |     |    |
| Married Surname                      |     |                  |  |     |    |
| Maiden Surname                       |     |                  |  |     |    |
| First Name(s)                        |     |                  |  |     |    |
| Date of Birth                        |     |                  |  |     |    |
| Home Address                         |     |                  |  |     |    |
| Postal Address                       |     |                  |  |     |    |
| Telephone (Home)                     |     | Telephone (Work) |  |     |    |
| Fax (Home)                           |     | Fax (Work)       |  |     |    |
| Cell (Mobile) Number                 |     |                  |  |     |    |
| E-mail (Home)                        |     |                  |  |     |    |
| E-mail (Work)                        |     |                  |  |     |    |
| Easy/Frequent Access to the Internet | Yes | No               | Young women's network – 40 years and under | Yes | No |
| Profession                           |     |                  |  |     |    |
| Retired                              | Yes | No               | Year of Retirement                         |     |    |

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please return this form to the Hon. Treasurer at the above address, together with your cheque for **R350.00**, or e-mail the form to [incaline@iafrica.com](mailto:incaline@iafrica.com) and deposit your subscription in the following bank account.

Account Holder: South African Assoc. of Women Graduates

Bank: FNB                      Branch Name: Benmore                      Branch Code: 251255

Account Number: 501-411-99808                      Reference: Your name and surname

Please send a copy of the deposit slip to the above address or fax it to 086 635-2768

Please complete the rest of this form with all your qualifications for our database

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Established in 1923

SAAWG is an affiliate of Graduate Women International (GWI)  
 and a member of the Federation of University Women of Africa (FUWA)



### Degree Qualifications

|    |        |  |      |  |            |  |
|----|--------|--|------|--|------------|--|
| 1. | Degree |  | Year |  | University |  |
|    | Majors |  |      |  |            |  |
| 2. | Degree |  | Year |  | University |  |
|    | Majors |  |      |  |            |  |
| 3. | Degree |  | Year |  | University |  |
|    | Majors |  |      |  |            |  |
| 4. | Degree |  | Year |  | University |  |
|    | Majors |  |      |  |            |  |

### Other Qualifications

|    |               |  |      |  |             |  |
|----|---------------|--|------|--|-------------|--|
| 1. | Qualification |  | Year |  | Institution |  |
|    | Subjects      |  |      |  |             |  |
| 2. | Qualification |  | Year |  | Institution |  |
|    | Subjects      |  |      |  |             |  |
| 3. | Qualification |  | Year |  | Institution |  |
|    | Subjects      |  |      |  |             |  |
| 4. | Qualification |  | Year |  | Institution |  |
|    | Subjects      |  |      |  |             |  |

### Other

|   |              |
|---|--------------|
| Membership of Professional Associations                           | Please list: |
| Membership of other Interest Associations                         |              |
| Interests and Hobbies   |              |
| Awards  |              |
| Areas of Expertise:   |              |
| Particular interest/ concerns regarding women/girls and education |              |
| Publications  |              |
| Present Employer  |              |
| Present Position  |              |

A CV and/or list of published works may be attached. Thank you for completing the form.

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