

## SALON/SPA/CLINIC MEMBERSHIP APPLICATION FORM

SAAHSP SALON/SPA/CLINIC MEMBERSHIP APPLICATION FORM			
Spa/Salon/Clinic Name	<input type="text"/>		
*Owne'rs Name	<input type="text"/>	Manager Contact	<input type="text"/>
<i>Please specify who the main contact will be.</i>			
Physical Address	<input type="text"/>		
Code	<input type="text"/>	Province	<input type="text"/>
Company Registration No	<input type="text"/>	* VAT No	<input type="text"/>
		* SDL No if application	<input type="text"/>
*Contact No	<input type="text"/>	Cell No	<input type="text"/>
*Email Address	<input type="text"/>		
Website Address	<input type="text"/>		

Declaration: I hereby agree that the above information is correct and authentic.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date



PERSONAL CONTACT DETAILS

Name and Surname	<input type="text"/>			
•ID No/ Passport No.	<input type="text"/>	*DOB	<input type="text"/>	
•Email Address	<input type="text"/>			
Physical Address	<input type="text"/>			
Code	<input type="text"/>	Province	<input type="text"/>	
•Contact number	<input type="text"/>	Alternate number	<input type="text"/>	
•Nationality	<input type="text"/>	•Citizen	<input type="checkbox"/> RSA	<input type="checkbox"/> Dual
			<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other
•Home Language	<input type="text"/>	•Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Gender	<input type="text"/>	•Equity	<input type="checkbox"/> Black	<input type="checkbox"/> Coloured
			<input type="checkbox"/> White	<input type="checkbox"/> Indian
•Employment Status	<input type="text"/>	•Qualification obtained from and year completed	<input type="text"/>	
Who referred you to SAAHSP?	<input type="text"/>			

Declaration: I hereby agree that the above information is correct and authentic.

I wish to apply for membership and do solemnly declare that if membership is granted, I will observe all conditions of Membership Requirements and adhere to to SAAHSP rules and regulations as well as to promote continual personal development within our team. I will conduct myself honorably in the scope of practice allocated to me by my professional qualifications.. I will always honour the SAASHP Code of Ethics and Conduct at all times.

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Signature of Applicant

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Date

**CONSENT TO COLLECT AND PROCESS PERSONAL INFORMATION**

SAAHSP collects Personal Information from when you register with us as a member. We will only use this information to carry out the processes for the purpose for which you registered with us in terms of our Privacy Policy. We will protect your Personal Information in accordance with our Policy and the provisions of the Protection of Personal Information Act, 2013 (South Africa). If you agree, we will use your information to send marketing information to you.

Personal Information will be protected in accordance with the conditions contained in the Protection of Personal Information Act, 2013 (South Africa).

For more information explaining how we use your Personal Information please see our Policy available at [www.saahsp.co.za](http://www.saahsp.co.za)

By signing this application form, you consent to SAAHSP collecting and processing your Personal Information in accordance with our Privacy Policy.