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Tel.: 011 482 5771/6775, Fax. 011 484 9132 Reg. No. 046 338 NPO · www.sanef.org.za · director@sanef.org.za

**MEMBERSHIP APPLICATION FORM**

*Are you committed to the highest professional standards and ethics for journalists and media owners.*

*Are you a senior editorial executive or educator in the print or electronic media fields in South Africa.*

*Then we need you!*

**VISION** To promote the quality and ethics of journalism, to reflect the diversity of South Africa and champion freedom of expression.

**MISSION** To be a resource and catalyst for the achievement of our vision through debate and action programmes.

**VALUES** Integrity, tolerance, accountability and public interest.

**Title, Name and Surname:** .....

**Position:** .....

**Company:** .....

**Postal Address:** .....

**Street Address:** .....

**Telephone (w)**.....**Email:** .....

**Mobile:** .....**Date:** .....

**NOMINATION:**

Proposed by existing **SANEF** member (Name & Surname).....

Seconded by Regional Convenor (**SANEF Office to obtain signature**).....

**SANEF Mancom decision** : Approved.....Declined.....Date.....

Signature.....

**NOTE:** For 2019 Membership Year the fee is R600.00

The Applicant will be notified via email whether the application has been approved or declined.

If approved, an invoice will be forwarded to you.

**IF FEES ARE TO BE PAID BY YOUR EMPLOYER PLEASE PROVIDE CORRECT INVOICING DETAILS AND VAT REG.NO.**

Name of Employer.....

Full Address.....

VAT No.....

**PLEASE COMPLETE USING "BLACK PEN"**