



FORM LM

APPLICATION FOR LIFE MEMBERSHIP OF THE SOUTH AFRICAN HELLENIC EDUCATIONAL AND TECHNICAL INSTITUTE

Full Name:		
Identity/Passport No and Nationality:		
Your Relationship or Link to SAHETI:		Tick whichever is applicable
	Former SAHETI Parent	
	Former PTA Member	
	Former Board Member	
	Grandparent	
	Other – Please Specify	
Residential Address:		
Postal Address:		
Mobile Tel No:		
Business Tel No:		
Residential Tel No:		
Email address:		
Brief Statement describing your motivation/reason for this application		

I hereby apply to be admitted as a **Life** member of the SOUTH AFRICAN HELLENIC EDUCATIONAL AND TECHNICAL INSTITUTE on the following basis:

By contributing R10 000 to the SAHETI AFRICAN HELLENIC EDUCATIONAL AND TECHNICAL INSTITUTE

SIGNATURE OF APPLICANT: _____

APPROVED AT THE MEETING OF THE BOARD DATED _____