

SOUTH AFRICAN MEAD MASTERS ASSOCIATION

Po Box 990405
Kibler Park
2053



CHAIRMAN : HENNIE AUSTIN
VICE CHAIRMAN : AMANDA BUCKNALL
SECRETARY ; EDDY LEAR
TREASURER : DEBORAH WRIGHT

APPLICATION FOR MEMBERSHIP FORM for 2024

SURNAME		FIRST NAME	
INITIALS		TITLE;- (Dr., Mr.)	
TOWN		PROVINCE	
PHONE NUMBERS		EMAIL ADDRESS	

Are you a member of a beekeeping association?

yes	no
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If yes, please name; _____

Are you a member any other interest group to do with brewing and wine making?

yes	no
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If yes, please name; _____

Do you make your own mead?

yes	no
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Please indicate your reason for wanting to join the association (i.e. to be in a position to purchase mead)

The aim of the Association is not to police Mead making, but to try give guidance with respect to regulation. It is up to the individual to make informed decisions around their hobby/commercialization. The committee will not be held responsible for its member's practices, in this regard.

Please submit R250-00 (R300-00 per couple) non-returnable entrance fee, seniors older than 70 years of age, pay 50% of the fee, (Proof Of Payment) with this application form to the Treasurer at the address below. Should you wish to peruse our constitution please request this from the secretary with this application.

The Association noted the content of the PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013) POPIA, and undertakes to comply with the regulations of the Act. As a result, the Association requires the following minimum information from existing and new members:

- the respective Chapter Co-ordinator needs a mobile phone number to invite the member to join a WhatsApp group to communicate information regarding events that are arranged and other relevant information about chapter activities
- the Association's Administration as well as the chapter co-ordinator need an e-mail address to communicate with members on membership, membership fees and other relevant membership affairs.
- the nearest town or city where the member resides to make correct chapter allocations
- The Association does not require a member's postal address, residential address, bank details, identity numbers and marital / relationship status.
- All personal information, as defined in Section 1 of the Personal Information Protection Act, Act 4 of 2013 ('POPIA'); received, collected, used, distributed, destroyed and / or processed; of any member, organization, provider, third party, service provider and / or data subject, will be processed in accordance with the terms of POPIA, and specifically in terms of the 8 conditions for the lawful processing of personal information.
- The Association refrains from disclosing, copying, distributing and / or using any member's information in any way and / or form that is contrary to the conditions as defined in the Personal Information Protection Act 4 of 2013 ('POPIA')

I agree to abide by the Association's constitution and the decision reached by the committee as to the grade of membership.

Signed _____ Date _____

Do you require an invoice?

yes	no
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Bank details:

First National Bank

Business Account

Branch code: **250655**

Branch Name: **Alberton**

Account Number **62837332171**

Addresses:-

Chairman :- Austin.hennie@gmail.com

Vice Chairman :- bees@montpellier.org.za

Treasurer : - cdwright@netactive.co.za

Secretary :- info@samead.co.za