



MEMBERSHIP FEE

I, _____ (Name) hereby apply for registration of a Professional designation.

I understand that there is a registration fee as set out in the table below, with the annual professional membership fee (to be levied on a pro rata basis).

Reward Designation Membership Application fee schedule:

Professional designation for Registration	Registration fee	Annual professional membership fee	Total payable on confirmation of Designation
Master Reward Specialist	R500	R1100	R1600
Chartered Reward Specialist	R500	R930	R1430
Reward Specialist	R500	R800	R1300
Reward Analyst	R500	R550	R1050
Reward Administrator	R500	R300	R800

Reward Designation Membership Upgrade fee schedule:

Professional designation for Registration	Registration fee	Annual professional membership fee	Total payable on confirmation of Designation
Master Reward Specialist	R250	R1100	R1350
Chartered Reward Specialist	R250	R930	R1180
Reward Specialist	R250	R800	R1050
Reward Analyst	R250	R550	R800
Reward Administrator	R250	R300	R550

International Mobility Designation Membership Application fee schedule:

Professional designation for Registration	Registration fee	Annual professional membership fee	Total payable on confirmation of Designation
Master Mobility Specialist	R500	R1100	R1600
Mobility Specialist	R500	R800	R1300
Mobility Practitioner	R500	R550	R1050

International Mobility Designation Membership Upgrade fee schedule:

Professional designation for Registration	Registration fee	Annual professional membership fee	Total payable on confirmation of Designation
Master Mobility Specialist	R250	R1100	R1350
Mobility Specialist	R250	R800	R1050
Mobility Practitioner	R250	R550	R800

PROFESSIONAL DECLARATION

I hereby confirm that all information presented on this form is correct and complete. I acknowledge that SARA may require further evidence of information.

I undertake to abide by the prescribed Code of Conduct of SARA. I make a personal professional commitment to the profession, to ethical standards and to excellence.

As a professional member of SARA, I hereby agree to abide by the principles and objectives of Continued Professional Development (CPD) as prescribed by SARA and complete the required forms as and when received from SARA.

I agree to pay the annual membership fees as determined on a yearly basis.

I agree to receive electronic and other forms of communication from SARA.

I will keep all personal details updated on the membership pages of the SARA website.

Signature		Date	
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