



# SOUTH AFRICAN ASSOCIATION OF REGISTERED PHYTOTHERAPISTS

## Fellow Membership Form

PLEASE FILL IN THE FOLLOWING:

Full  
Name: \_\_\_\_\_

–

Date of  
Birth: \_\_\_\_\_

Contact  
Number: \_\_\_\_\_

Email  
Address: \_\_\_\_\_

PLEASE SEND THIS FORM TO [PHYTOTHERAPISTS@GMAIL.COM](mailto:PHYTOTHERAPISTS@GMAIL.COM) ALONG WITH:

A certified copy of an approved or acceptable qualification.

A certified copy of identification documentation (e.g., passport or ID document).

Once we have approved your application an invoice will be sent to  
you.

Your membership will be confirmed upon payment.

We look forward to hearing from you,  
The SAARP NEC