



# SOUTH AFRICAN ASSOCIATION OF REGISTERED PHYTOTHERAPISTS

## Student 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:

Proof of education with an AHPCSA approved institution of higher/tertiary education.

A certified copy of identification documentation (e.g., SA 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