



Botanical Artists' Association of Southern Africa Membership Form

Please note that if you print this form to fill it in by hand and fax it,
that you please write as neatly as possible.

Full Name:

Postal Address:

Code:

Email Address:

Telephone Numbers:

Home:

Work:

Cell:

Membership fee: p/a

Ordinary R120

Method of Payment

Cheque

Cash

Bank Transfer

Forms should be returned to your nearest BAASA group.

Gauteng: Samantha Haacke Baasa.gau@gmail.com

KZN: Lynne Griffin Lynne.griffin@betterbond.co.za

Western Cape: Riva Katz ktzcolin@telkomsa.net