

SASOHN National Office: P O Box 26538, East Rand, 1462 Tel: +27 (0)861 SASOHN (0861 727 646)

Fax:+27 (0)86 263 8757 Email: office@sasohn.co.za Website: www.sasohn.co.za

Review date: February 2020

E2. SPONSORSHIP APPLICATION

NB: Please read the Criteria for Sponsorship (SASOHN Rules of Procedure) in conjunction with the application form.

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ID NO	SANC REG NO	
TITLE	SASOHN NO	
FIRST NAMES	CELL NO	
SURNAME	WORK NO	
EMAIL ADDRESS	REGION	
POSTAL ADDRESS		
	POSTAL CODE	

2. EMPLOYMENT DETAILS

COMPANY NAME	TEL NO	
COMPANY ADDRESS		
	POSTAL CODE	
NAME OF LINE MANAGER	TEL NO: MANAGER	

3. SPONSORSHIP REQUIRED FOR:

EVENT FOR WHICH SPONSORSHIP IS REQUIRED		
WERE YOU SPONSORED BY THE SOCIETY BEFORE	YES	NO
IF YES, PLEASE STIPULATE	DATE:	AMOUNT: R

CHECKLIST: Please provide all the documentation; failing to do so will result in your application not being considered:

	Documents required.		
1.	Motivation letter by member.		No
2.	Copy of brochure of the event sponsorship is being requested for.	Yes	No
3.	Copy of current SANC receipt.	Yes	No
4.	Copy of last 2 years' SASOHN membership receipts.	Yes	No
5.	Copy of written request submitted to employer for sponsorship.	Yes	No
6.	Copy of letter from employer declining requested sponsorship.	Yes	No
7.	Letter by Regional Chairperson if sponsorship is required from SASOHN stating	Yes	No
	why the Regional Society cannot sponsor the member.		
8.	Additional info e.g. proof of acceptance of poster/ paper	Yes	No
9.	Proposed budget including registration fees, travel costs, accommodation, etc.	Yes	No
10	Letter from Line Manager stating that the Member will be granted the time off by		No
	the company to attend the event that sponsorship is being requested for.		

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4. APPLICANTS UNDERTAKING

l,	,the applicant for sponsorship, agree that if I
• •	, that I will provide my Regional Society with a written report on the event.
	I will be required to give SASOHN written notice 7 (seven) days prior to this I will be liable for the conference costs.
Signature:	Date:

5. FOR COMPLETION BY REGIONAL EXCO

DECISION BY REGIONAL EXCO COMMITTEE		ACCEPT	DECLINE
IF DECLINED STATE REASON			
DATE		AMOUNT	
SIGNATURE OF CHAIRPERSON		SIGNATURE OF TREASURER	
MEMBER INFORMED			

(If Regional Society is unable to assist, refer to National EXCO)

6. FOR COMPLETION BY NATIONAL EXCO

DECISION BY NATIONAL EXCO COMMITTEE		ACCEPT	DECLINE
IF DECLINED STATE REASON			
DATE		AMOUNT	
SIGNATURE OF PRESIDENT		SIGNATURE OF TREASURER	
MEMBER INFORMED			