



FOR OFFICE USE

Application received on:
Present Grade: Since:
Grade by Council:
Date of Meeting:

MEMBERSHIP APPLICATION

FOR ELECTION OR TRANSFER TO ASSOCIATE/MEMBER/SENIOR MEMBER

Surname:

First names:

Title: Date of Birth:

ID Number/Passport No: Country of Citizenship:

Physical Address:

Postal code:

Postal Address:

Postal code:

Employer Name and Address:

Home: Tel: Fax: E-mail:

Office: Tel: Fax: E-mail:

Mobile:

Name and contact details of person not living with you:

Education ECSA Registration No.:

First Relevant Qualification Achieved (cert/dipl/GCC/degree):

Graduation date of first relevant qualification:

Name of University/Technikon/College:

Relevant Experience After First Qualification (years):

N.B. IF YOU HAVE A FOREIGN QUALIFICATION PLEASE PROVIDE A CERTIFIED COPY OF SAQA CERTIFICATE OF EVALUATION TOGETHER WITH A CERTIFIED COPY OF YOUR ORIGINAL QUALIFICATION

Why do you want to join the SAIEE?

What do you expect from your SAIEE membership?

NOTE: THIS FORM MUST BE COMPLETED IN BLOCK LETTERS, SIGNED AND EITHER FAXED BACK TO 011 487 3002 OR SCANNED AND EMAILED TO application@saiee.org.za

Do not return without a signature, requested documents & proof of payment

DECLARATION BY APPLICANT

I the undersigned, hereby declare that I will be governed by the Constitution and By-laws of the South African Institute of Electrical Engineers now in force or as they may be amended. I will advance the objectives of the Institute.

While a member of the Institute, I will adhere to the Code of Professional Conduct laid down in the Constitution. *(A copy of the Constitution, By-laws and Objectives are displayed on the website: www.saiee.org.za).*

I also declare that the statements made by me on this form are true and correct.

SIGNATURE OF APPLICANT: **DATE:**

Applicants for the grade of Associate or Member are required to nominate a Member of the SAIEE or an equivalent VA recognised by ECSA who would be prepared to vouch for the Applicant's Professional Experience and Integrity.

Applicants for the grade of Senior Member are required to nominate TWO Senior Members or Fellows who would be prepared to vouch for the Applicant's Professional Experience and Integrity.

Name:	Name:
Tel:	Tel:
Mobile:	Mobile:
Email:	Email:
Signature of Proposer:	Signature of Proposer:
Relationship with Applicant:	Relationship with Applicant:

From personal knowledge of the applicant's qualifications, professional experience and integrity I regard the applicant as suitable and worthy to be considered for the appropriate grade of membership and propose accordingly. I endorse the correctness of those parts of the application identified by my initials and hereby undertake to substantiate or provide additional information for this proposal on request.

Payment of the Entrance and Membership Fee for the appropriate grade must accompany this application (visit www.saiee.org.za for Membership Fees). Payment can be effected by Bank Guaranteed Cheque, Electronic Fund Transfer (EFT) or Credit Card.


BANK DETAILS

SAIEE, Standard Bank, Ellis Park, Branch Code: 00 46 05 Account Number: 201 547 066 *(Email proof of payment to application@saiee.org.za)*

CREDIT CARD DETAILS

Card Number: Expiry Date:

CVC Number *(Last 3 digits on reverse)*: Amount to pay:

TO AVOID DELAYS WITH YOUR APPLICATION, ENSURE YOU HAVE COMPLETED THE FOLLOWING:-	
1. Completed the Application Form in full	
2. Attached CERTIFIED COPIES of your relevant qualifications (stamps not older than 3 months)	
3. Attached a copy of your latest CV	
4. Attached a copy of your ID	
5. Attached proof of payment of Application and Annual Membership Fees	
6. Attached passport size photograph (recent, clear copy)	