

THE SOUTH AFRICAN INSTITUTION OF CIVIL ENGINEERING

Private Bag X 200
Halfway House
1685



Tel: (011) 805 5947/8
Fax: (011) 805 5971
E-mail: mscheepers@saice.org.za

**APPLICATION FOR ADMISSION / TRANSFER
TO THE GRADE OF ASSOCIATE MEMBER**

- Notes:**
- Hierdie vorm is in Afrikaans verkrygbaar.
 - Please use **black** ink and **block** letters.
 - The applicable **entrance fee / transfer fee** must be submitted with the application form.
 - Please complete **ALL** sections.

For transfers, please state present category of membership _____ and SAICE membership number _____

A PARTICULARS OF APPLICANT

Surname: _____ First Names: _____ Title: _____

Address: _____

Postal code: _____

Employer: _____ Position: _____

Employer's Address: _____

Postal code: _____

Tel No. (H): _____ Tel No. (W): _____

Fax No.: _____ Cell No.: _____

E-mail: _____ Date of Birth: _____

ID No.: _____ Citizenship: _____

Home Language: _____ Correspondence Preference:

A	E
---	---

COMPLETING OF THIS BLOCK IS VOLUNTARY!

This information is for statistical purposes and is similar to the form of the 1996 National Census.

How would you describe yourself?

African / Black

Coloured

Indian / Asian

White

Other (Specify):

B TERTIARY EDUCATION

NB Original certified copies of each **degree, diploma or certificate** noted in the table below must be attached if the applicant is not already a member of SAICE or if these have been obtained after the original application.

Educational Institution	Qualification Obtained	Date Obtained

C MEMBERSHIP OF OTHER INSTITUTIONS AND PROFESSIONAL REGISTRATION

NB Original certified copies of registration certificates or membership certificates for each Council, Institution or Society noted in the table below must be attached.

Council, Institution, Society	Grade of membership/ Registration category	Membership / Registration Number	Year of election / admission

D STATEMENT OF ENGINEERING EXPERIENCE

NB * Please submit a statement of engineering experience in the format given below.
* As an alternative, a curriculum vitae may also be attached.

Name of employer	Position Held	From: Month and Year	To: Month and Year	Nature of work

E DECLARATION

I, _____ the undersigned, certify that the information given in this application is true and correct and hereby undertake to abide by the Constitution and By-Laws of the Institution and to promote its objectives when I am accepted as an Associate Member.

Signature: _____ Date: _____