

# 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 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	<input type="checkbox"/>
Coloured	<input type="checkbox"/>
Indian / Asian	<input type="checkbox"/>
White	<input type="checkbox"/>
Other (Specify):	

### B TERTIARY EDUCATION

**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**
- \* Proof of registration as a Professional Engineer, Professional Technologist (Engineering) or a Professional Technician (Engineering) with the Engineering Council of South Africa (ECSA) must be provided.
  - \* Proof of registration as a Professional Construction and or Project Manager with the South African Council for the Project and Construction Management Professions (SACPCMP) must be provided.
  - \* **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 PROPOSAL FOR ADMISSION TO CORPORATE MEMBERSHIP**

- NB** Please note that the proposer and seconder must be **corporate members** of the Institution.

We, the undersigned members, propose that the above-named applicant be admitted as a Member as we are satisfied from personal knowledge that the applicant is eligible for admission.

Signature of Proposer / Seconder	Name in block letters	Membership Grade

**F 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 a Member.

Signature: \_\_\_\_\_ Date \_\_\_\_\_