

THE SOUTH AFRICAN INSTITUTION OF CIVIL ENGINEERING

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APPLICATION FOR ADMISSION TO THE GRADE OF STUDENT MEMBER

PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THIS APPLICATION FORM FOR STUDENT MEMBERSHIP:

Student Members shall comprise persons:

- who at the time of admission have a valid registration as a student at a Tertiary Institution with the intention of passing a degree or other examination in engineering recognized for the purpose by the Council; or
- who are undergoing a regular course of training recognized by the Council.
- When student members have obtained a degree, diploma or other qualification in engineering, recognized for the purpose by the Council, they shall transfer to the grade of Graduate. A person may not remain a Student Member after graduating.

- NOTES:**
- Hierdie vorm is in Afrikaans verkrygbaar.
 - Please complete in **black ink** and **block letters**.
 - Please note that it is **VERY IMPORTANT** for a **LECTURER** who is preferably a corporate member of the Institution to countersign your application for membership, as it is required as proof that you are **registered as a full time student in Civil Engineering**.

PARTICULARS OF APPLICANT:

Surname: _____ First Names: _____ Title: _____

Address (Postal): _____

Postal Code: _____

Address (Home): _____

Postal Code: _____

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

E-Mail: _____ Citizenship: _____

I.D.No: _____ Date of Birth: _____

Language Preference:

A	E
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 Home Language: _____

COMPLETION 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): _____

EDUCATION

Name of Tertiary Institution: _____

Academic Year (1st, 2nd, 3rd, 4th): _____ Student Registration Number: _____

DECLARATION:

I, _____ the undersigned, certify that the information given on this form 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 Student Member.

Signature of Applicant: _____ Date: _____

CONFIRMATION BY PROPOSER

I, _____ the undersigned, confirm that the applicant is a registered student and recommend that he / she is admitted as a Student Member.

Signature of Lecturer: _____ Date: _____

Membership Grade: _____

Please Note!

Only the first year of membership with SAICE is free, thereafter a nominal fee is charged.

You remain a member of SAICE until you give written notice of your resignation.