

## FOR OFFICE USE

Date of Meeting:

Application received on:	
Grade by Council:	

## MEMBERSHIP APPLICATION

## APPLICATION FOR ELECTION AS STUDENT

Surname:							
First names:							
			Date of Birth:				
ID Number/Passport N	lo:	Age:	Age:				
Physical Address:							
			Dantal anda.				
Postal Address:							
			Postal code:				
Home: Tel:	Fax:	E-mail:					
Mobile:							
Name and contact details of person not living with you:							
Name:							
Tel:							
Education							
Name of University/Te	chnikon/Technical Colleg	e:					
Student Number:							
Name of Course of Stu	udy (Electrical/Electronic/	Information Technology, et	tc)				
Date of successful con	npletion of first year:						

NOTE: THIS FORM MUST BE COMPLETED IN BLOCK LETTERS, SIGNED AND EITHER FAXED TO 0114873002 OR E-MAILED TO application@saiee.org.za

(Do not return without a signature, official stamp and required documentation as per page 2)

INTERESTS					
Electronics	Power	Control	☐ Software		
DECLARATION BY AF I the undersigned, herek African Institute of Elect far as shall be in my po	oy declare that I will trical Engineers nov	v in force or as they n	·		
I will, while a member Constitution.	of the Institute, adh	ere to the code of Pro	ofessional Conduct la	aid down in the	
I also declare that the s	tatements made by	me on this form are t	rue and correct.		
SIGNATURE OF APPLICANT:			DATE:		
Signature (Head of D	epartment)	Official St	amp of University,	Technikon	
		mpany this application			
BANK DETAILS SAIEE, Standard Bank, Ellis Park, B CREDIT CARD DETAILS Card Number:				_	
CVC Number (Last 3 digits on rever	se):	Amount to pay:			
1. Completed the Application For 2. Attached a CERTIFIED COPY of 3. Attached a copy of your CV 4. Letter from the university confi 5. Attached a Proof of Payment of	m in full your Identity Document rming that you are studying fu		WING:-		

Student Appl/2015

6. Attach Passport Size Photo