



SOUTH AFRICAN INSTITUTE OF DRAUGHTING®

Non Profit Company (2016 / 027567 / 08)

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APPLICATION FOR MEMBERSHIP ~ LOCAL OTHER GRADES

To be completed in **CAPITAL LETTERS** and **BLACK** colour only, with reference to Check List

1. PERSONAL DETAILS

Title - Mr/Mrs/Ms					Surname					
First Names										
Date of Birth	/	/			Age		ID Number			
Race Profile	W	C	I	B	O	Gender	F	M	Home Language	
Residential Address										
Town							City			
Postal Code					Province					
Postal Address										
Town							City			
Postal Code					Province					
Mobile							eMail			
Name - Employer / Business										
Postal Address										
Town							City			
Postal Code					Province					
Telephone							eMail			

2. DECLARATION

Declaration by Applicant	Commissioner of Oaths Stamp
<p><i>I declare, under oath, that all the information submitted by me in support of this Application is true and correct and is binding on my conscience</i></p> <p><i>I undertake to comply with the Constitution, to promote the interests of the Institute, maintain its good name and adhere to its Code Conduct</i></p> <p><i>My Membership Certificate shall be returned to the SAID upon resignation from the Institute or termination of my membership</i></p> <p><i>On resignation from the SA Institute of Draughting, I undertake to pay all Fees due until the Institute receives written notice of my resignation and my Membership Certificate</i></p>	
Signature of Applicant	Commissioner of Oaths
Date	

FOR OFFICE USE ONLY

Date Application Received	/ / 20__	Membership Registration #	
Grade		Category	
Executive Officer		Date Certificate Issued	/ / 20__

Recognised as a Voluntary Association by SACAP

Recognised as a Voluntary Association by ECSA

3. EDUCATION (highest qualifications for each category)

Educational Category	Educational Institution	Examination / Course (Senior Cert / Grade 12 / NQF 4, Diploma, etc.)	Year Passed
Secondary School			
College			
University			
Draughting College			
Present Studies			

4. STATUTORY COUNCIL REGISTRATION

If applicable, tick (√) relevant block(s), and complete details
If none are applicable, leave blank

Statutory Council	√	Title	Registration #
Engineering Council of S A			
S A Council for the Architectural Profession			
S A Council for the Project and Construction Management Professions			
S A Council for the Landscape Architectural Profession			
S A Council for the Quantity Surveying Profession			
S A Council for the Property Valuers Profession			

5. EMPLOYMENT

Employer	Position Held	From: Date Day/Month/Year	To: Date Day/Month/Year



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CHECK LIST

Name

Signed Date

The following documents and drawings, *not bound in book form or stapled together*, are required for Membership Registration

- All documents, except drawings, must be **CERTIFIED COPIES** of the original documents
- All required documents / drawings to be ticked (✓) off on list below and to be sent by REGISTERED POST or COURIER, only - no electronic documents will be accepted
- ♣ Affidavit, signed and stamped by a Commissioner of Oaths (refer ♣ below)

Document(s)		FOR OFFICE USE ONLY			
		Date Received	Included		Documentation Notes
		Yes	No		
Tick (✓) Document(s) / Drawings sent	✓				
Application Form Complete, then sign and date in the presence of a Commissioner of Oaths					
Identification Document South African identity document or identity card ❖ A driving licence will not be accepted					
Statutory Council Registration Certificate(s) of Registration - (refer 4. on page 2 of Application form)					
Curriculum Vitae Provide current information, using attached template and complete electronically only					
Letter(s) of Reference / Certificate(s) of Service Issued by Current Employer(s) and Previous Employers, on company stationery Name of employer, postal address, position, start date to end date (months and years), duties undertaken, reason for leaving					Previous
					Current
(Self Employed) Owner of Business / Partner All documentation of business registration required - (Pty) Ltd / cc					
Post Basic Qualifications Certificate(s) / Diploma(s) / Degree					
School Certificate Full names, name of school attended, subjects, highest grade and year passed					
Drawings Limited to A3 / A2 size drawings only Copies of two (2) different sets of project drawings required Each copy to be signed and dated by applicant and supervisor with both names printed and supervisor's professional designation and registration number to be included					
Proof of Payment	SAID Registration Fee	/ / 20__			
	SAID Membership Fee	/ / 20__			