



# SOUTH AFRICAN INSTITUTE OF DRAUGHTING®

Non Profit Company (2016 / 027567 / 08)

PostNet Haasendal Shop 6, Haasendal Gables, 2 Haasendal Road, Kuils River 7580; ALT. P.O. Box 387, Soneike, Cape Town, 7583 • Mobile: 076 036 4081  
 eMail: admin@SAIDraughting.co.za • www.SAIDraughting.com

## APPLICATION FOR MEMBERSHIP ~ LOCAL OTHER GRADES

To be completed in 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__

**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



# SOUTH AFRICAN INSTITUTE OF DRAUGHTING®

## APPLICATION FOR MEMBERSHIP ~ LOCAL OTHER GRADES

### 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			Documentation Notes
		Date Received	Included		
<i>Tick (✓) Document(s) / Drawings sent</i>	✓		Yes	No	
<b>Application Form</b> Complete, then sign and date in the presence of a Commissioner of Oaths					
<b>Identification Document</b> South African identity document or identity card ❖ A driving licence will not be accepted					
<b>Statutory Council Registration</b> Certificate(s) of Registration - (refer 4. on page 2 of Application form)					
<b>Curriculum Vitae</b> Provide current information, using attached template and <b>complete electronically only</b>					
<b>Letter(s) of Reference / Certificate(s) of Service</b> 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
<b>(Self Employed) Owner of Business / Partner</b> All documentation of business registration required - (Pty) Ltd / cc					
<b>Post Basic Qualifications</b> Certificate(s) / Diploma(s) / Degree					
<b>School Certificate</b> Full names, name of school attended, subjects, highest grade and year passed					
<b>Drawings – Not applicable to SACAP/ECSA members</b> 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					
<b>Proof of Payment</b>	SAID Registration Fee	/ / 20__			
	SAID Membership Fee	/ / 20__			