

SOUTH AFRICAN INSTITUTE OF DRAUGHTING®

Non Profit Company (2016 / 027567 / 08)

PostNet Haasendal Shop 6, Haasendal Gables, 2 Haasendal Road, Kuils River 7580; <u>ALT</u>. P.O. Box 387, Soneike, Cape Town, 7583 • Mobile: 076 036 4081

eMail: admin@SAIDraughting.co.za • www.SAIDraughting.com

APPLICATION FOR UPGRADING OF MEMBERSHIP

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

1. PERSONAL DETAILS													
SAID Membership Number													
Title - Mr/Mrs/M	ls	'			Surname								
First Names													
I D Number	Passport I			No.				Country					
Race Profile	W	CI		вО	Gender	F	М	Dat	e of Birth	1	1	Age	
Residential Address													
Suburb				City			City						
Postal Code						Province							
Postal Address													
Suburb									City				
Postal Code						Province							
Mobile						eMail							
Name - Employ	er / Bu	siness											
Postal Address													
Suburb									City				
Postal Code						Province							
Telephone						eMail							
2.						DEC	LAR	4TIC	N				
		Declar	atio	n by A	plicant					Co	ommissione	er of Oath	ns Stamp
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 undertake to con	nply wit	th the Co	onsti	tution, to		nteres	ts of th	he Ins	titute, maint	ain its			
good name and adhere to its Code Conduct													
My Membership Certificate shall be returned to the SAID upon resignation from the Institute termination of my membership													
On resignation from the Institute, I undertake to pay all Fees due until the SAID receives written													
notice of my resignation and my Membership Certificate													
Signature of Applicant				Date					Commis	sioner of	Oaths		
FOR OFFICE USE ONLY													
Date Application Received / / 20				Membership Registration #									

Category

Date Certificate Issued

Recognised as a Voluntary Association by SACAP

Recognised as a Voluntary Association by ECSA

Grade

Executivet Officer

/ 20

3. EDUCATION (highest qualifications for each category) Educational Category Educational Institution Examination / Course (Senior Cert / Grade 12 / NQF 4, Diploma, etc.) Secondary School College University Draughting College Present Studies N / A

4. STATUTORY COUNCIL REGISTRATION

If applicable, tick ($\sqrt{}$) 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 UPGRADING OF MEMBERSHIP

CHECK LIST					
Date:					
ok form or stapled together, are required for					
OPIES of the original documents					

- All required documents / drawings to be ticked ($\sqrt{}$) on list below and to be sent by **ELECTRONIC MAIL**, REGISTERED POST or COURIER,
- FOR OFFICE USE ONLY Document(s) Included **Documentation** Date Received **Notes** Yes No Tick ($\sqrt{\ }$) Document(s) / Drawings sent **Application Form** Complete, then sign and date in the presence of a Commissioner of Oaths **Identification Document or valid Passport** S A applicants to submit identity document or identity card Foreign applicants to submit current passport Include ALL pages with entry / departure stamps and visas / permits, to date Statutory Council Registration Certificate(s) if registered after membership registration of SAID (refer 4. on page 2 of Application) **Curriculum Vitae** Provide current information, using attached template and complete electronically only Letter(s) of Reference / Certificate(s) of Service If change of employer after membership registration of SAID, provide letter from Current Employer, on company stationery Name of employer, postal address, position, start date to end date (months and years), duties undertaken (Self Employed) Owner of Business / Partner All documentation of business registeration required - (Pty) Ltd / cc, if commencedd after membership registration of SAID **Post Basic Qualifiactions** Certificate(s) / diploma(s) / degree received after membership registration of SAID **Drawings** Limited to A3 / A2 size drawings only. Copies of different sets of project drawings required, 5 years work =3 projects x 2 drawings; 7 years=4 projects; 10 yrs.=5projects. 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 SAID Transfer Fee **Proof of Payment** / 20 SAID Membership Fee / 20