

# APPLICATION FOR ADMISSION TO GRADE OF STUDENT MEMBER

Tel +27 (0) 11 805 5947 SAICE House Block 19,  
Thornhill Office Park Bekker Street, Vorna Valley  
Midrand , Private Bag X200, Halfway House 1685  
Email: membership@saice.org.za



## PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THIS APPLICATION FOR 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.

### NOTES:

- This form is available in Afrikaans and isiZulu.
- Please use black ink and block letters.
- Please complete all sections.
- 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.
- A copy of you ID/Passport needs to be submitted with your application
- **Only the first year of membership with SAICE is free, thereafter a nominal fee is charged.**
- **An additional year of free membership may be granted on written application and if proof of registration as full-time student is submitted.**
- When a student member has obtained a degree, diploma or other qualification in Engineering, recognized for the purpose by the Council, they should apply to transfer to the grade of Associate member.
- A person may not remain a student member after graduating.
- You remain a member of SAICE until you give written notice of you resignation.

### A PARTICULARS OF APPLICANT

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Full Name(s): \_\_\_\_\_

Address (Postal): \_\_\_\_\_

Postal code: \_\_\_\_\_

Address (Physical): \_\_\_\_\_

Postal code: \_\_\_\_\_

Home No: \_\_\_\_\_ Cell No: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ID/Passport No: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Home Language: \_\_\_\_\_ Correspondence Preference:  Afrikaans  English

Completing Next of Kin Information is Compulsory

Surname: \_\_\_\_\_ Full Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell No: \_\_\_\_\_

## COMPLETING OF THIS BLOCK IS COMPULSORY

This information is for statistical purposes and is similar to the form of the 1996 National Census.

How would you describe yourself?

Male  
Female  
Disabled

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
Y	N

African / Black  
Coloured  
Indian / Asian  
White  
Other (Specify):

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

## B EDUCATION

Name of tertiary Institution: \_\_\_\_\_ Campus: \_\_\_\_\_

Name of degree/diploma/qualification program: \_\_\_\_\_

Current year of Study: \_\_\_\_\_ Semester \_\_\_\_\_

Estimated year of completion: \_\_\_\_\_

## C CONFIRMATION BY PROPOSER

I, \_\_\_\_\_ the undersigned, confirm that the applicant is a registered full time student and recommend that he/she is admitted as a Student Member

Signature of Lecturer: \_\_\_\_\_ Date: \_\_\_\_\_

## D DECLARATION

I, \_\_\_\_\_ the undersigned, certify that the information given in this application is true and correct and hereby undertake to abide by the SAICE Code of Ethics, the Constitution and the By-Laws and to promote SAICE's mission and goals when I am accepted as a Student Member.

I further acknowledge that I (in my personal capacity) am responsible to keep my personal details updated on the SAICE member database and for the payment of my annual membership fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

