

# THE SOUTH AFRICAN INSTITUTION OF CIVIL ENGINEERING

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## APPLICATION FOR ADMISSION TO THE GRADE OF STUDENT MEMBER

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THIS APPLICATION FORM FOR STUDENT 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.
- When student members have obtained a degree, diploma or other qualification in engineering, recognized for the purpose by the Council, they shall transfer to the grade of Graduate. A person may not remain a Student Member after graduating.

- NOTES:**
- Hierdie vorm is in Afrikaans verkrygbaar.
  - Please complete in **black ink** and **block letters**.
  - 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**.

### PARTICULARS OF APPLICANT:

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_ Title: \_\_\_\_\_

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

Address (Home): \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Address (Billing): \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Tel No. (H): \_\_\_\_\_ Cell No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Citizenship: \_\_\_\_\_

I.D.No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Language Preference: 

A	E
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 Home Language: \_\_\_\_\_

### COMPLETION OF THIS BLOCK IS VOLUNTARY!

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

How would you describe yourself?

African / Black

Coloured

Indian / Asian

White

Other (Specify): \_\_\_\_\_


## EDUCATION

Name of Tertiary Institution: \_\_\_\_\_

Academic Year (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>): \_\_\_\_\_ Student Registration Number: \_\_\_\_\_

### DECLARATION:

I, \_\_\_\_\_ the undersigned, certify that the information given on this form is true and correct and hereby undertake to abide by the Constitution and By-Laws of the Institution and to promote its objectives, when I am accepted as a Student Member.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### CONFIRMATION BY PROPOSER

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

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

Membership Grade: \_\_\_\_\_

## Please Note!

**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 a full-time student is submitted.**

**You remain a member of SAICE until you give written notice of your resignation.**