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Membership Application Form

	Date		of application
Individ R550. *Prices are e		Institutional: Free	
Are you an AEE (American Association for Energy Engineers Are you a certified professional?) member:	Yes No CEM CEA CMVP CRM
Title:		Initials:	
Surname:	1	Name:	
Race:			
Occupation:			
Company Name:			
Sector:			
Postal Address:			
		Code	
Street Address:			
City:		Country:	
Province:		Code:	
Company VAT Registration No:			
ID number/Date of birth:		E-mail:	
Telephone (Work):		Cell:	
Fax No:		Website:	
Accounts Dept Contact Person:			
Accounts Dept Tel No:		Email:	
Where did you hear about the SAEE?			
Method of Payment	Invoice	Bank Deposit	Electronic Transfer
Please fax application to:	e fax application to: 086 726 7135		

