



### Membership Application Form

Date \_\_\_\_\_ of application

**Please tick relevant box:**

<b>New Application</b>	<input type="checkbox"/>	<b>Renewal</b>	<input type="checkbox"/>
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<b>Corporate:</b> <b>R5,000.00</b>	<input type="checkbox"/>
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<b>Individual:</b> <b>R500.00</b>	<input type="checkbox"/>
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<b>Institutional:</b> <b>Free Membership</b>	<input type="checkbox"/>
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Are you an AEE (American Association for Energy Engineers) member:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Are you CEM or CMVP Certified?

<b>Title:</b>	<b>Initials:</b>		
<b>Surname:</b>	<b>Name:</b>		
<b>Occupation:</b>			
<b>Company Name:</b>			
<b>Postal Address:</b>			
	<b>Code</b>		
<b>Street Address:</b>			
<b>City:</b>	<b>Country:</b>		
<b>Province:</b>	<b>Code:</b>		
<b>Company VAT Registration No:</b>			
<b>ID number:</b>	<b>E-mail:</b>		
<b>Telephone (Work):</b>	<b>Cell:</b>		
<b>Fax No:</b>	<b>Website:</b>		
<b>Accounts Dept Contact Person:</b>			
<b>Accounts Dept Tel No:</b>	<b>Email:</b>		
<b>Where did you hear about the SAEE?</b>			
<b>Method of Payment</b>	<b>Invoice</b>	<b>Bank Deposit</b>	<b>Electronic Transfer</b>
<b>Please fax application to: 086 680 3648</b>			

