



Membership Application Form

Date _____ of application

Corporate: R5,500.00	<input type="checkbox"/>
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Individual: R550.00	<input type="checkbox"/>
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Institutional: Free	<input type="checkbox"/>
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Are you an AEE (American Association for Energy Engineers) member:

Yes

No

Are you CEM or CMVP Certified?

Yes

No

Title:		Initials:	
Surname:		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:		086 726 7135	

