



SOUTH AFRICAN INSTITUTE OF DRAUGHTING

Association not for Gain

P O Box 750 Howard Place 7450 • Telephone/Telefax: 021 532 0261 • eMail: SAIDraughting@global.co.za
www.SAIDraughting.com

APPLICATION FOR MEMBERSHIP

To be completed in **BLOCK LETTERS** and forwarded with supporting documents to the above address

1. PERSONAL PARTICULARS

Title: Prof/Dr/Mr/Ms:		Surname:			
First Names:					
Date of Birth:		Age:		ID Number:	
Residential Address:					
City / Town:				Postal Code:	
Postal Address:					
Postal Code:				Province / Country:	
Telephone:	()	Facsimile:	()		
Mobile:			eMail:		
Name: Employer / Business:					
Physical Address:					
City / Town:				Postal Code:	
Postal Address:					
Postal Code:				Province / Country:	
Telephone:	()	Facsimile:	()		
eMail:				Home Language:	

2. DECLARATION

Declaration by Applicant	Commissioner of Oaths Stamp	
<p><i>I declare under oath, that all the information submitted by me in support of this application is true and correct and is binding on my conscience.</i></p> <p><i>I undertake to be governed by the Constitution and Bylaws, to advance the objectives of the SAID, to uphold it's dignity and to abide by it's Code of Conduct.</i></p> <p><i>I undertake to return the Certificate of Membership and to pay all fees to such date of written notice, should I wish to terminate my membership.</i></p>		
Signature of Applicant	Date	Commissioner of Oaths

FOR OFFICE USE ONLY

Date Application Received:		Membership Registration #:	
EXECUTIVE COMMITTEE RECOMMENDATION			
Grade:		Category:	
Chairperson's Signature:		Date:	
Date Certificate Issued:			

3.**EDUCATION (highest qualifications for each category)**

Educational Category	Educational Institution	Exam / Course (Grade 12 / Std 10 / N3, N4, Diploma, etc.)	Year Passed
School:			
College:			
University:			
Draughting College:			
Other:			
Present Studies:			N/A

4.**PROFESSIONAL RECOGNITION (registration with a Statutory Body)**

Registration with: South African Council for the Architectural Profession; Engineering Council of South Africa; South African Council for Town & Regional Planners; S A Council for Professional and Technical Surveyors; or similar statutory bodies.	Body:	
	Title:	
	Registration #:	

5.**DRAUGHTING EXPERIENCE**

Employer	Position Held	From: Date Day / Month / Year	To: Date Day / Month / Year

Name: Present Supervisor:		Telephone: ()
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6.**COMPUTER AIDED DRAUGHTING DETAILS**

In which CAD software packages are you proficient?
State package (e.g. AutoCad, Caddie, etc.)

How were you informed about the Institute?
State source (eg. website, poster, magazine, etc.) or name of person: