

SABTACO APPLICATION FOR MEMBERSHIP YEAR 2007/2008

(Membership from 1 March 2007 to 29th February 2008)

GENERAL NOTES:

1. Should any of the information supplied herein change, please advise your branch office or the national office immediately in writing, otherwise these changes will not be effected.
2. Membership fees are **NOT** subject to VAT and are quoted excluding VAT.
3. A pro-rata fee (based on each completed quarter) is payable by members joining during the organisation's financial year.
4. Membership fees must accompany this application form. For queries as to the exact amount due contact the SABTACO secretariat. In the event that membership is rejected for any reason, the fees will be refunded without delay. Invoices will be supplied on confirmation of acceptance and a membership number will be provided.
5. Membership is automatically renewed on an annual basis as from 1st March each year.
6. In the event that a member wishes to terminate membership, three month's notice of such intention should be given to the Secretariat in writing. The member, however, remains liable for payment of the fees up to the date of such termination. The amount payable shall be determined on a quarterly basis or portion thereof.
7. The following documents must accompany this application, copy of Identity Document or Passport, Proof of qualification and copy of registration certificate of respective discipline.

FEE STRUCTURE:

Students:	R 50.00 per annum
Membership fee:	
Once off payment for all new members excluding students	R 100.00
Subscription fee:	
For individual members - renewal annually	R 250.00 per annum
For registration of practices - renewal annually	R 2 000.00 per annum
Note: To register a practice, all PDI directors must first register as individual members	

For direct deposit/transfer, please use the following SABTACO Bank Details:

NAME OF ACCOUNT HOLDER :	SABTACO
BANK :	Nedbank
BRANCH :	Braamfontein
ACCOUNT NUMBER :	1950 373 681
ACCOUNT TYPE :	Cheque

E-mail: sabtaco1@iafrica.com

Fax: (011) 403 2947

GENERAL INFORMATION FOR INDIVIDUAL MEMBERS

PLEASE PRINT

PERSONAL DETAILS



For office use:

Branch Chairpersons Name and signature: _____

Date: _____

Membership No. _____
(To be completed by National Office)

Name: _____

Street Address: _____

Region /Province: _____ Postal Code: _____

Postal Address: _____

Region /Province: _____ Postal Code: _____

Nationality: _____ ID/Passport No. _____

Tel No (work): _____ **Form of payment (x):**

Tel No (residence): _____ - Cash

Fax No: _____ - Cheque

Cell No: _____ - Direct Transfers

E- mail address: _____

QUALIFICATION DETAILS:

Details of qualifications achieved: _____

Years of experience: _____

Details of qualifications presently being pursued: _____

Areas of competence: _____

Other qualification details: _____

Membership/Registration No: _____ (please provide proof)

EMPLOYMENT DETAILS:

Name of organisation / company employed: _____

Position held in organisation / company: _____

Name of Employer responsible: _____

Any other contact details (if different from above): _____

Declaration:

I _____ confirm that all information supplied herein is correct.

Signature: _____ Date: _____

GENERAL INFORMATION FOR PRACTICES / ORGANISATION

PLEASE PRINT



For office use:

Branch Chairpersons Name and signature: _____

Date: _____

Membership No. _____
(To be completed by National Office)

Name of Practice/ Organisation: _____

State formation (e.g. cc/company/Incorporated, etc). _____ Reg. No. _____

Discipline (Architect, Electrical Engineer, etc): _____

Street Address: _____

Region /Province: _____ Postal Code: _____

Postal Address: _____

Region /Province: _____ Postal Code: _____

Tel No: _____ Form of payment (x):

Fax No: _____ - Cash

Cell No: _____ - Cheque

E- mail address: _____ - Direct Transfers

Please complete the following:

(Note: Supply details of the branch that you wish to register and not branches in other regions)

Name of all Directors	Name of all Shareholders & Nationality	Split of Shareholders (%)	PDI (✓) Tick	Non PDI (✓) Tick	ID/Passport No.

Any other information you wish to supply: _____

Declaration:

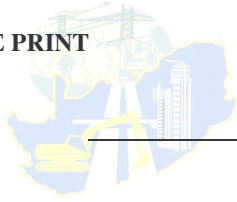
I _____ confirm that all information supplied herein is correct.

Signature: _____

Date: _____

GENERAL INFORMATION FOR STUDENTS

PLEASE PRINT



For office use:

Branch Chairpersons Name and signature: _____

Date: _____

Membership No. _____

(To be completed by National Office)

Name: _____

Street Address: _____

Region /Province: _____ Postal Code: _____

Postal Address: _____

Region /Province: _____ Postal Code: _____

Nationality: _____ ID/Passport No: _____

Tel No: _____

Fax No: _____

Cell No: _____

E- mail address: _____

Name of University/ Technikon or other: _____

(* Please provide proof of study e.g. letter from Dean of Faculty)

Student No.: _____

Course of Study: _____

Year of Study: _____

Any other information you wish to supply: _____

Declaration:

I _____ confirm that all information supplied herein is correct.

Signature: _____

Date: _____