



# MEMBERSHIP APPLICATION FORM

## SOUTH AFRICAN SOCIETY FOR PROFESSIONAL ENGINEERS

Recognised Engineering Society by the World Engineers Board

**MAIL TO :**  
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 Fax: +27 (011) 5076821  
 Email:  
 spe@professionalengineers.co.za

<b>SURNAME:</b>	<b>NAME:</b>	<b>TITLE:</b>
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I am registered as A Professional Engineer	Yes:	<input type="checkbox"/>	No	<input type="checkbox"/>	Present ECSA No :
I am registered as an Engineer in Training	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Present ISPE/ Eng Int No :
Preferred Mailing Address: (Check one)	Home / Postal:	<input type="checkbox"/>	Work	<input type="checkbox"/>	

Home / Postal Address: ..... ..... ..... Code: ..... Home Phone: ..... Fax: ..... E-mail Address : ..... Date of Birth: .....	Work Address: ..... ..... ..... Code: ..... Work Phone: ..... Fax: ..... Company : ..... Title/Position: .....
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### EDUCATION HISTORY

(Commissioner of Oaths certified copies of relevant certificates must be supplied NB: please supply a copy of your degree / diploma) - Please attach detailed CV

UNIVERSITY	DEGREE / COURSE OF STUDY	GRADUATION DATE

### EMPLOYMENT HISTORY (Please fill in and attach CV)

List all positions with Engineering related duties and in chronological order, including military service)

EMPLOYER	FROM	TO	POSITION / TITLE	ENGINEERING RELATED DUTIES

### REFERENCES (Two required)

Name: .....	Name: .....
Address: .....	Address: .....
Tel No: .....	Tel No: .....

**I CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT**

I, the undersigned, agree in the event of my election as a member of the SPE, I shall be governed by the Constitution and the Byelaws of the South African Society for Professional Engineers as they are now formulated or as they may be amended, and undertake to advance the objects of the Society as far as shall be in my power.

SIGNATURE OF CANDIDATE: ..... DATE: .....

**PLEASE NOTE THAT APPLICATION FORMS ARE TO BE ACCOMPANIED BY RELEVANT FEES PAYMENT OTHERWISE THEY WILL NOT BE PROCESSED**

<b>YOU MAY PAY BY CREDIT CARD (VISA or MASTERCARD)</b>															
Please fill out the following and attach a copy of your credit card with your signature next to it, stating that we may use your card.															
A : Name of card holder.															
B : Company name if company credit card											C : Expiry Date of card.				
D : Signature of card holder											E : Amount				
F : Credit Card No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>Tick one:</i>
G : CVC/CVV No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	VISA      Master card