



# SOUTH AFRICAN INSTITUTE OF DRAUGHTING®

Non Profit Company (2016 / 027567 / 08)

P O Box 4424 Durbanville Cape Town 7551 • Telephone: 021 975 5191 • Facsimile: 086 579 1337  
 eMail: SAIDraughting@global.co.za • www.SAIDraughting.com

## APPLICATION FOR STUDENT MEMBERSHIP

To be completed in **CAPITAL LETTERS** and **BLACK** colour only, with reference to Check List

### 1. PERSONAL PARTICULARS

Title - Mr/Mrs/Ms					Surname					
First Names										
Date of Birth	/ / 19		Age			ID Number				
Race Profile	W	C	I	B	O	Gender	F	M	Home Language	
Residential Address										
Town						City				
Postal Code					Province					
Postal Address										
Town						City				
Postal Code					Province					
Telephone						Facsimile				
Mobile						eMail				
Name - Employer / Business										
Postal Address										
Town						City				
Postal Code					Province					
Telephone						eMail				

### 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 comply with the Constitution, to promote the interests of the Institute, maintain its good name and adhere to its Code of Conduct</i></p> <p><i>My Membership Certificate shall be returned to the SAID upon resignation from the Institute or termination of my membership</i></p> <p><i>On resignation from the Institute, I undertake to pay all Fees due until the SAID receives written notice of my resignation and my Membership Certificate</i></p>	
Signature of Applicant	Commissioner of Oaths
Date	

### FOR OFFICE USE ONLY

Date Application Received		Membership Registration #	
Grade		Category	
Executive Officer		Date Certificate Issued	

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

Educational Category	Educational Institution	Examination / Course (Senior Cert / Grade 12 / NQF 4, Diploma, etc.)	Year Passed
School			
College			
University			
Draughting College			
Present Studies			n/a

**4. EMPLOYMENT EXPERIENCE**

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

**5. COMPUTER AIDED DRAUGHTING**

In which CAD software package(s) are you competent ?	



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### CHECK LIST

*I declare that all the information submitted by me, in support of this Application, is true, correct and is binding on my conscience.*

Name .....

Signed ..... Date .....

Documents, *not bound in book form*, required for registration of student membership application

- Refer to 2. Declaration on page I of Application - must be **SIGNED, DATED** and **STAMPED** by a **COMMISSIONER OF OATHS**
- All documents must be **CERTIFIED COPIES** of the original documents
- All required documents to be ticked (✓) on list below and sent by **REGISTERED POST** only - no eMails or facsimiles will be accepted
- ♣ Affidavits, signed and stamped by a Commissioner of Oaths, to be submitted where required documents are unavailable (refer ♣ below)

Document (s)		FOR OFFICE USE ONLY			Documentation Notes
		Date Received	Included		
<i>Tick (✓) Document(s) sent</i>	✓		Yes	No	
<b>Application Form</b> Completed in <b>CAPITAL LETTERS</b> and <b>BLACK</b> colour only, where applicable, signed and dated in the presence of a Commissioner of Oaths					
<b>Identification Document or valid Passport</b> Foreign applicants to submit all pages of passport ♣ Affidavit: If neither documents are available, as a driving licence will not be accepted					
<b>School Certificate / Statement of Results Certificate(s)</b> ♣ Affidavit: Full name, name of school attended, subjects, highest grade and year passed					
<b>Letter of Registration / Student Card</b> Signed and dated letter from college, university where applicant is currently studying					
<b>Employment</b> Letter(s) of Reference / Certificate(s) of Service Previous and current employer(s) ♣ Affidavit: Employer(s), service dates and type of work done					
<b>Proof of Payment</b> Copy of proof of payment of SAID registration fee membership fee					