



# MEMBERSHIP APPLICATION FORM

## INDIVIDUAL MEMBERSHIP

Please NOTE that all applications must be accompanied by a CV, certified copy of ID and qualifications/registration. Completed applications to be forwarded to [info@imesa.org.za](mailto:info@imesa.org.za)

<b>MEMBERSHIP TYPE APPLIED FOR:</b> <i>(Mark the relevant category)</i>	PROFESSIONAL	GRADUATE	STUDENT	ASSOCIATE
<b>DETAILS OF MEMBER</b>				
<b>SURNAME:</b>				<b>TITLE</b> (eg Prof/Dr/Mr/Miss):
<b>FIRST NAMES:</b>				<b>KNOWN AS</b> (Nickname)
<b>ID NUMBER:</b>				or <b>PASSPORT:</b>
<b>DATE OF BIRTH:</b>				<b>CITIZENSHIP:</b>
<b>POPULATION GROUP:</b>	Black	Coloured	Indian	White
<b>GENDER:</b>				<b>DISABILITY:</b>
<b>CONTACT DETAILS:</b>	<b>EMAIL:</b>			<b>MOBILE:</b>
	<b>2nd EMAIL:</b>			<b>WORK:</b>
<b>PHYSICAL ADDRESS:</b>				
	<b>CITY:</b>			<b>POSTAL CODE:</b>
<b>IMIESA JOURNAL</b>	<i>Mark the relevant option:</i>		<b>DIGITAL DOWNLOAD</b>	<b>POSTED MAGAZINE</b>
<b>POSTAL ADDRESS:</b> <i>If magazine is to be posted</i>				
	<b>CITY:</b>			<b>POSTAL CODE:</b>
<b>PAYMENT OF INVOICE</b>				
<b>COMPANY NAME:</b> <i>(if applicable)</i>				
<b>VAT REG. NO.:</b> <i>(if applicable)</i>				
<b>POSTAL ADDRESS:</b> <i>For invoice and membership correspondence</i>				
	<b>CITY:</b>			<b>POSTAL CODE:</b>
<b>HEARD ABOUT IMESA:</b> <i>Mark all that apply</i>	IMESA Conference	Branch Event	IMESA Member	Social Media
	Young Professionals (YP <sup>2</sup> )	Website/Internet	Other:	
<b>REFERRED BY:</b> <i>(Name and cell or email)</i>				



<b>ENGINEERING &amp; TECHNICAL EDUCATION AND QUALIFICATIONS:</b> <i>(eg Government Certificate of Competency and/or further studies)</i>					
<b>HIGHEST QUALIFICATION:</b>					
<b>INSTITUTION:</b>		<b>DATE OBTAINED:</b>			
<b>IF STUDYING CURRENTLY:</b>					
<b>EXPECTED QUALIFICATION:</b>					
<b>INSTITUTION:</b>		<b>DATE COMMENCED:</b>			
<b>PROFESSIONAL AND/OR IN-TRAINING REGISTRATION - certified copies of certificates and registrations must be attached:</b> <i>(e.g. Engineering Council Of South Africa (ECSA) or an equivalent engineering council recognized by ECSA)</i>					
<b>PROFESSIONAL BODY</b>		<b>CATEGORY OF PROFESSIONAL REGISTRATION:</b>		<b>PROFESSIONAL REGISTRATION NO:</b>	<b>DATE OF PROFESSIONAL REGISTRATION:</b>
1					
2					
<b>TECHNICAL EXPERIENCE:</b>					
<b><u>PRESENT POSITION:</u></b>					
<b>ORGANISATION:</b>		<b>DATE APPOINTED:</b>			
<b>MAJOR RESPONSIBILITIES:</b>					
<b>PREVIOUS POSITION:</b>					
<b>ORGANISATION:</b>		<b>DATE APPOINTED:</b>			
<b>MAJOR RESPONSIBILITIES:</b>					
<b>Indicate preferred technical interests (mark all that apply):</b>					
<b>Asset and Business Management:</b>	<input type="checkbox"/> Asset Management	<input type="checkbox"/>	<input type="checkbox"/> Project/Business Management	<input type="checkbox"/>	<input type="checkbox"/> Procurement, Contracts, Legislation
<b>Environment:</b>	<input type="checkbox"/> Solid Waste Management	<input type="checkbox"/>	<input type="checkbox"/> Renewable Energy	<input type="checkbox"/>	<input type="checkbox"/> Coastal Engineering
<b>Infrastructure:</b>	<input type="checkbox"/> Roads, Transportation, Stormwater	<input type="checkbox"/>	<input type="checkbox"/> Water Supply, Sanitation	<input type="checkbox"/>	<input type="checkbox"/> Building/Town Planning
<b>Training &amp; Skills Development:</b>	<input type="checkbox"/> Technical Training	<input type="checkbox"/>	<input type="checkbox"/> Skills Development	<input type="checkbox"/>	<input type="checkbox"/>

I do hereby accept that, in the event of my election, I will subject myself to the Constitution, and the relevant By-laws, as well as to any future amendments or extensions thereto; I will pay the membership fees as required; I will promote the objects of the Institution as far as may be in my power and I certify that all the particulars given on this form are true and correct.

Signed on this ..... day of ..... 20.....

Signature: .....