



SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

HEAD OFFICE - Tel:011 660 5672 / Fax:086 544 0008 / info@saesi.com

(Head Office – Banking details : ABSA 310810045 / 632005)

MEMBERSHIP APPLICATION FORM - 2017

Surname		
Full names:		
Identity number:		
Employer Name and Station		
Address (Personal postal address House number/Road/City/Town/ Postal Code)	
Region or Branch		
Contact Telephone number/Cell		
Email address		
Were you a member of SAESI before? (Mark X)	Yes No	Previous Membership Number
Date and Area of previous membership:		
SAESI qualifications if any		
Date on which you started in the Fire/Emergency Service for the first time.		
Do you agree to submit to the MOI and Company Rules of the Institute? (Mark with an X)	Yes No	

INDICATE THE NATURE OF THE APPLICATION: (Mark with X where applicable)

Membership application for the first time:	Update of Current Membership R286-00	INFORMATION UPDATE ONLY - NO PAYMENT
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Applicant Signature: _____ Date: _____ Branch Secretary/ Representative _____

This form is to be completed and returned to your Regional Secretary or Head Office without delay.
All existing members updating membership should use their membership number as reference when making payment.
If you are applying for the first time use MEMBERSHIP as reference **and** write your initials and surname clearly.

PARTICULARS OF BENEFICIARY/NEXT OF KIN

Surname:	
Full names:	
Full address
Contact number	
Email Address	
Relationship to you	

IMPORTANT: PLEASE NOTIFY HEAD OFFICE OF ANY CHANGE OF ADDRESS OR BENEFICIARY.

On receipt of notification of death of a member the sum of R 3 000.00 (Three Thousand Rand) will be paid to his/her next of kin providing he/she is a paid up member at time of death. There are no extra costs involved.

For Official use: Outcome – Granted/Denied	Payment Received	SAESI Member Number
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