

**Contact Details:**

Phone: 011-660 5672  
Fax2Email: 086 544 0008  
Fax: 010 595 0318  
Email: info@saesi.com  
Website: www.saesi.com



**Addresses:**

No. 295 Jorissen Street  
Monument  
KRUGERSDORP, 1739

PO Box 613, KRUGERSDORP, 1740

## APPLICATION FOR MEMBERSHIP OF SAESI

Membership is valid from 1 October to 30 September of any given year

**Mission:**

To constitute a member driven professional organisation, to promote the safety of the community and aspirations of its members through the promotion of all aspects of emergency services.

**Vision:**

SAESI, a professional emergency services organisation, dedicated to the protection of life, property and the environment.

**Section A1 - MEMBERSHIP STATUS**

Are you a member of SAESI? (Mark with an X)

YES	NO
<input type="text"/>	

If YES, Indicate your membership Number

Please complete all sections of the form for the purpose of ensuring your details and record is up to date and correct.

If NO, please complete all sections of the form in order to register you on the membership database and ensure your record and details are up to date and correct.

**Proof of Payment for membership update or registration must accompany this form.**

**Section A2 - CONTACT AND PERSONAL DETAILS**

Title: 

Prof	Dr	Mr	Mrs	Ms
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Surname: .....

Full name/s (All): .....

ID/Passport no: ..... Nationality: .....

Date of Birth: 

Day	Month	Year
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 Gender: 

Male	Female
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Race: 

Black African	Indian/Asian	Coloured	White	Other
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 If other, specify: .....

Physical address: .....

Postal Code: .....

Postal address: .....

Postal Code: .....

Tel (H): ..... Tel (W): .....

Cell: ..... Fax: .....

Email: .....

**Section B - Employment Details (Where applicable)**

Employer Name & Station (Current): .....

Date first appointed in the Service (History): 

Day	Month	Year
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Position/Rank (Current): .....

Duration: 

Days	Months	Years
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From: 

Day	Month	Year
-----	-------	------

To: 

Day	Month	Year
-----	-------	------

**OR**

To Date
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*(Mark with an "X" if applicable)*

**Section C – PARTICULARS OF NEXT OF KIN (In case of Member's Death)**

Surname: .....

Full name/s (All): .....

Physical address: .....

Postal Code: .....

Postal address: .....

Postal Code: .....

Tel (H): ..... Tel (W): .....

Cell: ..... Fax: .....

Email: .....

**Next of Kin relationship to the Member (Mark with an "X")**

<i>Husband</i>	<i>Wife</i>	<i>Partner</i>	<i>Sibling</i>
<i>Mother</i>	<i>Father</i>	<i>Grand Parent</i>	<i>Child</i>

If other, specify: .....

**IMPORTANT: PLEASE NOTIFY HEAD OFFICE OF ANY CHANGES OF ADDRESS OR NEXT OF KIN DETAILS**  
Next of Kin details are imported to qualify for the survivor's benefit. Next of Kin details need to be correct and kept up to date, if no details or details are not the same as at the time of a members passing, the gift pay-out will be denied. For more details refer to the Survivors Benefit policy and procedure.

**Section D – NOMINATION OF APPLICATION (To be completed by Proposer and Seconder)**

*MOI 4.2.2 Candidates for Ordinary Membership shall: (New Members)*

*4.2.2.1 Apply in writing in such manner as may be prescribed by the Board from time to time;*

*4.2.1.2 Be proposed and seconded in writing by 2 (two) Members of a specific Branch as proposer and seconder respectively, and their applications shall be considered and approved by the Branch;*

**Proposer Details:**

Surname: \_\_\_\_\_

Full name/s (All): \_\_\_\_\_

SAESI Membership Number: \_\_\_\_\_

SAESI Branch: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Seconder Details:**

Surname: \_\_\_\_\_

Full name/s (All): \_\_\_\_\_

SAESI Membership Number: \_\_\_\_\_

SAESI Branch: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section E - FEES**

The fee for Membership is reviewed annually and approved by the Board of Directors. For the correct fee payable contact SAESI prior to making payment into the following account.

Membership payable between 01 October and 30 September of each year, a grace period from 01 October to 31 December without penalty. Should you pay there after 50% penalty will be added. Current fee R506.00, fee plus penalty R759.00.

Payments can be made in the following Account:

**ABSA - Cheque Account Number 310810045**

**Branch - Krugersdorp or 632005**

**Reference – MEM + Your ID Number OR SAESI Membership Number**

**Section F – DECLARATION OF APPLICANT**

I \_\_\_\_\_ hereby confirm that the information supplied above is true and I will  
(Initials and surname of applicant)

accept the decision of the Board of Directors with regards to my application.

In agreeing to membership of SAESI, a member is required to submit to the MOI (Memorandum or Incorporation), as well as the Code of Ethics & Conduct [Reference 4.1.5 and 4.11.2.3 of the MOI] and Company Rules of the Institute.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INFORMATION PROTECTION and DISCLAIMER**

The Southern African Emergency Services Institute fully supports the POPI and Consumer Protection Act.

SAESI will not provide your information to third parties for their direct use. In accordance with the Acts, SAESI or any company processing data on its behalf will hold and use data contained in this form for the intended administrative purposes, to provide the services requested through this form and for SAESI to keep a record of your information. The Member can instruct SAESI at any time to delete or destroy any personal information in writing.

**FOR OFFICE USE ONLY**

Is the form completed in the correct manner? ..... Yes No

Is the form signed by the applicant? ..... Yes No

Did the Proposer sign this application? ..... Yes No

Is the Proposer a member of the Institute? ..... Yes No

Did the Secunder sign this application? ..... Yes No

Is the Secunder a member of the Institute? ..... Yes No

Is the right amount paid for the current year's membership? ..... Yes No

**Outcome:**

Granted

Denied

SAESI Membership Number:

Control Officer: .....

Control Officer Signature: ..... Date: .....