



SOUTH AFRICAN INSTITUTE OF DRAUGHTING®

Non Profit Company (2016 / 027567 / 08)

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APPLICATION FOR 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 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 SA Institute of Draughting, I undertake to pay all Fees due until the Institute 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. STATUTORY COUNCIL REGISTRATION

If applicable, tick (√) relevant block(s), and complete details
If none are applicable, leave blank

Statutory Council	√	Title	Registration #
Engineering Council of S A			
S A Council for the Architectural Profession			
S A Council for the Project and Construction Management Professions			
S A Council for the Landscape Architectural Profession			
S A Council for the Quantity Surveying Profession			
S A Council for the Property Valuers Profession			

5. EMPLOYMENT EXPERIENCE

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

6. COMPUTER AIDED DRAUGHTING

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

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 and drawings, **not bound in book form**, required for registration of membership application

- All documents, except drawings, must be **CERTIFIED COPIES** of the original documents
- Drawings - limited to size A3 / A2 only, comprising 2 different sets of projects - see note below
- All required documents / drawings to be ticked off on list below and to be 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			
		Date Received	Included		Documentation Notes
Tick (✓) Document(s) / Drawings sent	✓		Yes	No	
Application Form Completed, where applicable, to be signed and dated in the presence of a Commissioner of Oaths					
Identification Document or valid Passport Foreign applicants to submit all pages of passport ♣ Affidavit: If neither documents are available, as a driving licence will not be accepted					
School Certificate Certificate(s) ♣ Affidavit: Full name and name of school attended, subjects, highest grade and year passed					
Post Basic Qualifications Certificate(s) / Diploma(s) / Degree					
Letter(s) of Reference / Certificate(s) of Service Previous and current employer(s) ♣ Affidavit: Employer(s), service dates and type of work done					
Drawings Limited to size A3 / A2 only - 2 different sets of projects Each copy to be signed and dated by applicant and supervisor with names printed and supervisor's professional designation and registration number					
Self Employed All documentation of registered business - (Pty) Ltd, CC, etc. ♣ Affidavit: Name, trade name, dates and type of work undertaken					
Statutory Council Registration Certificate(s), if applicable (refer 4. on page 2 of Application)					
Curriculum Vitae Current, comprehensive document to be supplied					
Proof of payment of SAID registration fee membership fee					