



ceasa

THE CLINICAL ENGINEERING ASSOCIATION
OF SOUTH AFRICA

Corporate Membership Application Form

Corporate Details

Company name	<input type="text"/>
Company registration number	<input type="text"/>
Postal address	<input type="text"/> <input type="text"/> <input type="text"/>
Postal code	<input type="text"/>
Physical address (only one required)	<input type="text"/> <input type="text"/> <input type="text"/>
Telephone number (including area code)	<input type="text"/>
Fax number (including area code)	<input type="text"/>
Email address to use for Association Notices	<input type="text"/>
Website address (if any)	<input type="text"/>
Company logo (for email or website linking).	<input type="checkbox"/> Use the logo from the website above <input type="checkbox"/> I will email a logo to the webmaster
Please provide us with a maximum of three descriptive sentences to be placed under your CEASA website logo.	<input type="text"/> <input type="text"/> <input type="text"/>

Clinical Engineering Employees

Does the company directly employ Clinical Engineering practitioners?

 Yes No

How many Clinical Engineering practitioners does the company directly employ?

Please provide us with the names of the Individual CEASA members whom are employed by the Company.

(At least 50% of all CEP's in your direct employ must be Individual CEASA members in good standing).

Does the company use external Clinical Engineering contractors?

 Yes No

How many external Clinical Engineering contractors does the company employ?

Please provide us with the names of the external Clinical Engineering contractors.

Declaration and Administration

Name of person submitting this application

Cellular phone contact number

Signed on behalf of the company that the company agrees to abide by the Constitution

Purchase order number for invoicing purposes

Dated

[Email completed application form to the CEASA Administrator](#)