



# ceasa

THE CLINICAL ENGINEERING ASSOCIATION  
OF SOUTH AFRICA

## Individual Membership Application Form

### Personal Details

Membership category applied for	<input type="checkbox"/>	Full member with voting rights
	<input type="checkbox"/>	Associate member
	<input type="checkbox"/>	Don't know - let CEASA decide
Branch preference	<input type="checkbox"/>	Eastern Cape
	<input type="checkbox"/>	Gauteng / Northern sector
	<input type="checkbox"/>	KwaZulu-Natal
	<input type="checkbox"/>	Western Cape
Title		
Initials		
First names		
Surname		
Date of birth (Day, Month, Year)		
Identity number		
Home postal address		
Home postal code		
Home telephone number (including area code)		
Cellular phone number		
Fax number (including area code)		

Email address to use for CEASA notices

Personal website (if any)

Hobbies and interests

## Occupational Information

Name of employer or academic institution

Work or institution address

Work postal code

Work or institution phone number

Work or institution website address (if any)

Job designation

Present occupation

Can we contact you during working hours

## Experience and Qualifications

Years of Clinical Engineering experience

A brief description of your Clinical Engineering experience and specialised training undertaken

Highest qualification achieved

Name of qualification

Date and where qualified

Membership of other SA professional associations

Membership or reference number	<input type="text"/>
Membership of international associations (non-SA)	<input type="text"/>
Membership or reference number (non-SA)	<input type="text"/>
Engineering Council of South Africa registration	<input type="checkbox"/> I am already registered with ECSA <input type="checkbox"/> I intend to register with ECSA <input type="checkbox"/> I will only register with ECSA if I have to
Engineering Council of South Africa registration no.	<input type="text"/>
Statutory registration body outside South Africa	<input type="text"/>
Statutory registration number	<input type="text"/>
<b>Declaration and Administration</b>	
Signed that I agree to fully abide by the Constitution	<input type="text"/>
Proposing CEASA member (if none, leave blank)	<input type="text"/>
Seconding CEASA member (if none, leave blank)	<input type="text"/>
Dated	<input type="text"/>

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