

## Gold Corporate Membership Application Form

### Corporate Details

Company Name	
Company registration number	
Postal address	
Postal code	
Physical address (only one required)	
Telephone number (include area code)	
Fax number (include area code)	
Email address to use for CEASA notices	
Web Address	

*(indicate with 'x')*

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	
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**Clinical Engineering Employees** *(indicate with 'x')*

Does the company directly employ Clinical Engineering practioners?		YES
		NO

How many Clinical Engineering practioners does the company directly employ?	
Please provide us with the names of the Individual CEASA members whom are employed by the company	

**Declaration and Administration**

Name of the person submitting this application	
Cellular contact number	
Signed on behalf of the company that the company agrees to fully abide by the CEASA <a href="#">Constitution</a>	
Dated	
I have read and agree with the CEASA <a href="#">Privacy Policy</a>	

Email completed application form to the CEASA Administrator at [admin@ceasa.org.za](mailto:admin@ceasa.org.za)