

Individual Membership Application Form

Personal Details

(Indicate with 'x')

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 for me
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 (include area code)	
Cellular phone number	
Fax number (include 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 web 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 specialized training undertaken)	
Contact person to verify experience	
Email address of contact person (to verify experience)	

Phone number of contact (to verify experience)	
Highest qualification achieved	
Name of Qualification	
Date and where qualified	
Membership of other SA professional associations	
Membership or reference number	
Membership of international associations (non-SA)	
Membership or reference number (non-SA)	

(Indicate with 'x')

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.	
Statutory registration body outside South Africa	
Statutory registration number	

Declaration and Administration

Signed that I agree to fully abide by the CEASA Constitution	
Proposing CEASA member (if none, leave blank)	
Seconding CEASA member (if none, leave blank)	
I agree with and understand CEASA's Privacy Policy	YES
	NO
Dated	