



SOCIETY FOR ASPHALT TECHNOLOGY

APPLICATION FOR MEMBERSHIP 2017

Please complete this form in block letters and email to Reception@sabita.co.za

The approval process may take up to two weeks and once complete, a welcome letter, together with an invoice will be emailed to you. Note that once approved, you are entitled to claim one CPD point by virtue of your membership.

If your company is paying the membership fee on your behalf, please include the VAT number and request them to use your invoice number or your account code as a reference on the bank statement so that your payment can be credited correctly. Please note however, that ultimately, you are responsible for ensuring that payment is made as membership is individual.

Membership will only be retained if payment is made within 30 days.

Title	Surname	
Names (s)	Date of Birth	
ID Number	Cell Number	
Home Postal Address and Landline Number		
ECSA Registration Status and Number	Email address	
POST MATRIC EDUCATION		
Name of Institution:.....		
Duration:.....		
Qualification:.....		
ASPHALT-RELATED TRAINING COURSES ATTENDED		
Name/Type of Course	Duration	Date

CURRENT EMPLOYER DETAILS		
Name of Company	Postal Address	
VAT Number		
Position Held		
EXPERIENCE IN THE ASPHALT INDUSTRY		
Duration	Company/Employer	Role/Position
<p align="center">MEMBERSHIP FEE: 2017</p> <p align="center"><i>All prospective new members shall apply for 'Ordinary' membership unless not qualified in respect of the conditions stated below - Tick the appropriate block</i></p>		

Category	✓	Annual Fee	Once-off admin fee
Ordinary, must have: <ul style="list-style-type: none"> a tertiary educational qualification a minimum of 5 years' experience in technologies associated with asphalt 		R450	R175
Associate, must: <ul style="list-style-type: none"> be at least 18 years old have had at least 2 years' experience and be employed in a capacity associated with asphalt technology or: be a registered student at an approved institution 		R270	R175

I hereby apply for membership of the Society in the category marked above

Signature: Date:

FOR OFFICE USE ONLY	
Approved by Region:	Date:
Approved by President:	Date: