

## APPLICATION FOR MEMBERSHIP INDIVIDUAL APPLICATION

**PLEASE NOTE:** All applications must be accompanied by a CV, certified copy of ID and qualifications/registration. Completed application to be forwarded to **info@imesa.org.za** 

MEMBERSHIP TYPE APPLIED FOR: Mark relevant category		PROFESSIONAL		GRADUATE		STUDENT		ASSOCIATE
DETAILS OF APPLICANT								
SURNAME					TITLE (Prof/Mr/Mrs/Miss)			
FIRST NAMES	NAMES					KNOWN AS (Nickname)		
ID NUMBER:						or <b>PASSPORT</b>		
DATE OF BIRTH:						CITIZENSHIP:		
POPULATION GROUP:	Black	White	Colour	ed In	dian Other:			
GENDER:								
CONTACT DETAILS:	EMAIL				MOBILE/CELL			
	2 <sup>nd</sup> EMAIL				WORK PHONE			
PHYSICAL ADDRESS:								
	CITY				POST (	CODE:		
IMIESA JOURNAL		k the preferred o	ption: DI	GITAL DOV			POSTE	ED MAGAZINE
		k the preferred o	ption: DI	GITAL DOV			POSTE	ED MAGAZINE
POSTAL ADDRESS: For delivery of IMIESA		k the preferred o	ption: DI	GITAL DOV			POSTE	ED MAGAZINE
POSTAL ADDRESS:		k the preferred o	ption: DI	GITAL DOV		)	POSTE	ED MAGAZINE
POSTAL ADDRESS: For delivery of IMIESA	Mar	k the preferred o	ption: DI	GITAL DOV	VNLOAL	)	POSTE	ED MAGAZINE
POSTAL ADDRESS: For delivery of IMIESA magazine if posted	Mar	k the preferred o	ption: DI	GITAL DOV	VNLOAL	)	POSTE	ED MAGAZINE
POSTAL ADDRESS: For delivery of IMIESA magazine if posted  PAYMENT OF INVOICE  COMPANY NAME:	Mar	k the preferred o	ption: DI	GITAL DOV	VNLOAL	)	POSTE	ED MAGAZINE
POSTAL ADDRESS: For delivery of IMIESA magazine if posted  PAYMENT OF INVOICE  COMPANY NAME: (if applicable)  VAT REG. NO.:	Mar	k the preferred o	ption: DI	GITAL DOV	VNLOAL	)	POSTE	ED MAGAZINE
POSTAL ADDRESS: For delivery of IMIESA magazine if posted  PAYMENT OF INVOICE  COMPANY NAME: (if applicable)  VAT REG. NO.:	Mar	k the preferred o	ption: DI	GITAL DOV	VNLOAL	)	POSTE	ED MAGAZINE
POSTAL ADDRESS: For delivery of IMIESA magazine if posted  PAYMENT OF INVOICE  COMPANY NAME: (if applicable)  VAT REG. NO.: (if applicable)	Mar	k the preferred o	ption: DI	GITAL DOV	VNLOAL	CODE:	POSTE	ED MAGAZINE
POSTAL ADDRESS: For delivery of IMIESA magazine if posted  PAYMENT OF INVOICE  COMPANY NAME: (if applicable)  VAT REG. NO.: (if applicable)	CITY		ption: DI		POST (	CODE:		cial Media
POSTAL ADDRESS: For delivery of IMIESA magazine if posted  PAYMENT OF INVOICE  COMPANY NAME: (if applicable)  VAT REG. NO.: (if applicable)  INVOICE ADDRESS:	CITY	ence		ıt	POST (	CODE:		



ENGINEERING & TECHN (e.g. Government Certificate of Co	IICAL EDUCATION AND Q ompetency and/or further studies)	UALIFICATIONS:					
HIGHEST QUALIFICATION:							
INSTITUTION:			DATE	OBTAINED:			
IF STUDYING CURRENT	LY:						
EXPECTED QUALIFICATION:			T		T		
INSTITUTION:			DATE	STARTED:			
PROFESSIONAL AND/O	R IN-TRAINING REGISTRA rica (ECSA) or an equivalent engine	ATION - certified copies of ering council recognized by	of all certi ECSA)	ficates and registr	ations m	ust be attached:	
PROFESSIONAL BODY	CATEGORY OF PROFES	SSIONAL REGISTRATION	:	PROFESSION REGISTRATION			N:
1							
2							
TECHNICAL EXPERIENCE	E:						
PRESENT POSITION							
ORGANISATION			DATE	APPOINTED			
MAJOR RESPONSIBILITIES							
PREVIOUS POSITION							
ORGANISATION			DATE	APPOINTED			
MAJOR RESPONSIBILITIES							
INDICATE TECHNICAL II	NTERESTS Mark all that apply						
ASSET AND BUSINESS MANAGEMENT:	Asset Management	Management Management		Procurement, Contracts, Legislation			
ENVIRONMENT:	Solid Waste Management	Renew	able Ener	rgy Co		astal Engineering	
INFRASTRUCTURE:	Roads, Transportation, Stormwater Water Suppl		y, Sanitation		Building/Town Planning		
TRAINING AND SKILLS DEVELOPMENT:	Technical Training	Skills D	Developme	nt			
well as to any future am	in the event of my election, nendments or extensions the as far as may be in my pow	ereto; I will pay the m	embers	hip fees as req	uired; I	will promote the	е
Signed on this	day of	20	_				
Signature:							