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off Main Reef Road  
City West, Johannesburg  
Gauteng



Telephone (011) 298 2123  
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P O Box 527, Crown Mines  
2025

## FORM OF APPLICATION FOR CORPORATE MEMBERSHIP

### Instruction to Applicants

The information on the form MUST be typed or written in block letters. Illegible forms will not be accepted.

Completed application form to be emailed to the Membership Services Secretary, [membership@saiw.co.za](mailto:membership@saiw.co.za).

Applications from abroad where no section of the Institute exists, may be proposed by persons of equivalent status (i.e. Corporate Members) of this Institute.

Name of Organisation: \_\_\_\_\_

Division: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Province: \_\_\_\_\_ Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_ Province: \_\_\_\_\_ Code: \_\_\_\_\_

Company VAT No: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No : \_\_\_\_\_

Principal activity of organization: \_\_\_\_\_

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

Approximate number of personnel: \_\_\_\_\_

Accounts Contact Person: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Extension: \_\_\_\_\_

Fax No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Details of proposed Official Representative to the SAIW:

Name of Representative: \_\_\_\_\_

Address of Representative: \_\_\_\_\_

Direct telephone number: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Company Designation of Representative: \_\_\_\_\_ Web: \_\_\_\_\_

We, the undersigned, certify that the statements contained herein are true. We agree that in the event of our election to Corporate Membership, we will be governed by the Constitution of the Southern African Institute of Welding and their By-laws as now formed or as they may hereafter be altered. We will advance the objectives of the Institute so far as these lie in our power and will attend the meetings thereof, as advised from time to time, as often as possible. We undertake, if elected, to pay the fees in connection with our membership. If, however, we signify in writing to the Secretary that we are desirous of withdrawing from the Institute, we shall (after paying all arrears which may be due by us at that time) be free from obligation.

Company Stamp

Signed:

Dated:

The Institute is a Technical Institute whose functions are to organize the exchange of information by means of lectures, publications and a Library and Information Service; to establish standards of training and education in the interests of welding development and to cooperate in promoting standardization and research.

Membership, which is open to individuals, to companies and firms, and to trade and educational associations, affords opportunities of sharing in a common pool of information and of keeping abreast with the growth of technical knowledge.

**CORPORATE MEMBER**

A Corporate Member shall be an organization with a legitimate interest in the field of welding whose membership of SAIW, in the sole opinion of the Council, would be advantageous to SAIW and its Members.

Corporate Members shall at all times have appointed in writing some person, preferably a Member of an Associate member, to represent them at any meetings which they may be entitled to attend.

**SUBSCRIPTIONS**

Upon election, fees are due and payable within 30 (thirty) days. If payment is not received within this period, the election falls away and a new application is to be submitted.

The annual subscriptions are due and payable thereafter on the first day of January of each year. Please see website for applicable rate.

An SAIW tie as well as a Certificate of Membership shall be issued upon receipt of payment of subscription.

**BRANCH CHAIRMAN'S RECOMMENDATION:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE RECEIVED AT CITY WEST \_\_\_\_\_ 20\_\_\_\_\_

RECOMMENDED BY MEMBERSHIP COMMITTEE

TO GRADE \_\_\_\_\_ ON \_\_\_\_\_ 20\_\_\_\_\_ SIGNATURE \_\_\_\_\_

PASSED BY THE COUNCIL ON THE \_\_\_\_\_

SIGNATURE PRESIDENT \_\_\_\_\_ SIGNATURE SECRETARY \_\_\_\_\_

MEMBERSHIP CERTIFICATE ISSUED ON THE \_\_\_\_\_ 20\_\_\_\_\_



In support of your Corporate Membership, please answer the following questions:

1. What type of company do you have?
2. Do you belong to other professional organizations?
3. For how long has your company been in existence?
4. Why do you want to become a member of the SAIW?
5. What do you expect of the SAIW?
6. Please send us a copy of your BEE certificate.
7. Have you held any form of membership of this Institute previously? If yes, give details and why did you stop your membership?