

SABI MEMBERSHIP

PERSONAL DETAILS

SURNAME: _____

FULL NAMES: _____ FIRST NAME: _____

ID NUMBER: _____

OCCUPATION: _____

EMPLOYER: _____

POSTAL ADDRESS: _____

TEL NR: _____ FAX NR: _____

CELL NR: _____ E-MAIL: _____

SABI MEMBERSHIP CERTIFICATE: ENGLISH AFRIKAANS

QUALIFICATIONS

(Mark appropriate block and attach copy of highest qualification.)

Grade 12 Diploma Degree

Any other applicable certificates: _____

IRRIGATION EXPERIENCE

Name of employer	Period	Position held	Type of work

APPLICATION FOR- Fellow Member Associate Companion Student

(See application procedure)

DECLARATION

I, the undersigned certify that the particulars given on this form are true and correct and do hereby undertake in the event of my election/transfer to conform to the Constitution and By-Laws of the Institute and to promote its objectives as far as may be in my power.

SIGNATURE

DATE

RECOMMENDATION OF APPLICATION

(Proposer and Seconder must be Fellows or Members of SABI.)

We, the undersigned, certify that the particulars given on this form are to the best of our knowledge true and correct and propose that the above named applicant be admitted/transferred to the grade of:

Fellow Member Associate Companion Student

Proposer: _____

Signature: _____

Seconder: _____

Signature: _____

Chairman: _____

Signature: _____

Council: _____

Date: _____