



ASSOCIATION OF SCHOOLS OF CONSTRUCTION OF SOUTHERN AFRICA

P.O. Box 1906, BELVILLE 7535, South Africa
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 Tel: +27 21 959 6637/6845 Fax: +27 21 959 6870 E-mail: info@asocsa.org Website: www.asocsa.org

APPLICATION FOR MEMBERSHIP

CATEGORY OF MEMBERSHIP	Mark with X (only One)
INDIVIDUAL MEMBER	
INSTITUTIONAL MEMBER	
INDUSTRY MEMBER	
GOVERNMENT MEMBER	

A. PARTICULARS OF PERSON COMPLETING THE FORM

Title (mark with X)	Prof	Dr	Mr	Ms	Mrs
Surname					
Initials and first names (not more than 3)					
	(initials)			(first names)	
Gender (mark with X)	M		F		
Institution/Department/Name of Business					
Number of Identity Document					
Country of issue					
Citizenship					
Date of Birth	:	:	:		
E-mail address					
Telephone numbers	Code	Office	Home		

Facsimile number

Code	Office

Cell phone number

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Postal address

(postal code)

(postal code)

Street address

(postal code)

Address where correspondence must be sent

(postal code)

B. PAYMENT AND BANKING DETAILS

Payment details (Mark with X)

ASCSA Bank Details

FIRST NATIONAL BANK

Account number: 62179379170

Branch: BLOEMFONTEIN Branch

code

+27219596870

Please fax through proof of payment to

Cheque
 Postal Order/Deposit Slip
 Electronic Transfer
 Bank draft

C. DECLARATION

I confirm that I have the Constitution of ASOCSA and its by-laws and agree to abide by its terms and conditions during my term of membership

Signature

Date

FOR OFFICE USE ONLY

Certified copy of ID	
Certified copy of certificates	
Curriculum Vitae	
Curriculum of Programmes	
Business Registration Details	

Fees paid and receipt number R _____

Date of application _____
Date

PROVISIONAL AUTHORISATION (To be completed by President)

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INSTITUTIONAL MEMBER	
INDUSTRY MEMBER	
GOVERNMENT	

I recommend this application for membership in the category indicated above and request the Council to confirm such membership

Signature (President) _____
Date

FINAL APPROVAL (To be completed after Council approval)

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INSTITUTIONAL MEMBER	
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GOVERNMENT	

I recommend this application for membership in the category indicated above and request the Council to confirm such membership

Signature (Member Officer for Council) _____
Date

FEES

INDIVIDUAL MEMBER	R750 + VAT
INSTITUTIONAL MEMBER	R5000 + VAT
GOVERNMENT MEMBER	R5000 + VAT
INDUSTRY	R3000 + VAT