



# SOUTHERN AFRICAN EMERGENCY SERVICES

## INSTITUTE NPC Registration Nr.2014/162285/08

HEAD OFFICE - Tel: 011 660 5672 / Fax:086 544 0008 / [info@saesi.com](mailto:info@saesi.com) / [www.saesi.com](http://www.saesi.com)

(Head Office – Banking details : ABSA 310810045 / 632005)

### **MEMBERSHIP APPLICATION FORM - 2018**

Surname												
Full names:												
Identity number:												
Employer Name and Station												
Address ( Personal postal address House number/Road/City/Town/ Postal Code)	..... .....											
SAESI Branch (See list below) *												
Contact Telephone number/Cell												
Email address												
Employment/ Rank												
Date on which you started in the Fire/Emergency Service for the first time.	YEAR				MONTH				DAY			
Do you agree to submit to the MOI, Code of Ethics & Conduct and Company Rules of the Institute? (Mark with an X)	YES						NO					
	Applicants indicating NO, or not completing yes or no can be automatically disqualified											

#### **INDICATE THE NATURE OF THE APPLICATION: (Mark with X where applicable)**

Membership application for the first time:	Update of 2018 Membership R315-00	INFORMATION UPDATE ONLY - NO PAYMENT
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This form is to be completed and returned to your Regional Secretary or Head Office without delay. All existing members updating membership should use their membership number as reference when making payment. If you are applying for the first time use MEMBERSHIP as reference **and** write your initials and surname clearly.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ **Branch Secretary/ Rep.** \_\_\_\_\_

(MOI 4.2.1.2) No application accepted without Proposer and Seconder

Proposed by member: (Name) \_\_\_\_\_ Member Nr: \_\_\_\_\_

Signature \_\_\_\_\_

Seconded by member: (Name) \_\_\_\_\_ Member Nr: \_\_\_\_\_

Signature \_\_\_\_\_

#### **PARTICULARS OF BENEFICIARY [in case of Members Death]**

Surname:												
Full names:												
Full address	..... .....											
Contact number & Email												
Relationship to you												

#### **IMPORTANT: PLEASE NOTIFY HEAD OFFICE OF ANY CHANGE OF ADDRESS OR BENEFICIARY DETAILS.**

Beneficiary details are imported to qualify for the survivors benefit. Beneficiary details need to be correct and kept up to date, if details are not the same as at the time of a members passing, the benefit could be denied. For more details refer to the Survivors Benefit policy and procedure.

#### **\* List of SAESI Branches:**

- |                     |                          |
|---------------------|--------------------------|
| 1. Cape North West  | 7. KwaZulu Natal Coastal |
| 2. Cape Peninsula   | 8. KwaZulu Natal Inland  |
| 3. Eastern Cape     | 9. Mpumalanga            |
| 4. Eastern Gauteng  | 10. Southern Cape        |
| 5. Free State       | 11. West Vaal            |
| 6. Greater Northern | 12. International        |

<b>FOR OFFICAL USE ONLY:</b>						
Payment	-	Yes	<input type="checkbox"/>	Outcome -	Granted	<input type="checkbox"/>
		Received	No		Denied	<input type="checkbox"/>
SAESI Member	-	<input type="text"/>				
Number						