



SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE

MEMBERSHIP APPLICATION FORM

Surname:			
Christian names:			
Identity number:			
Postal Address		
Name of Emergency Service:			
Were you a member of SAESI before?		Where?	
Date of previous membership:			
SAESI qualifications			
Date on which you started in the Emergency for the first time.			
Do you agree to submit to the Constitution of the Institute?	Yes	No	

Signature: _____ Date: 20__ / __ / __

Proposed by (Signature and name in print): _____		
For office use only		
Date received:	Approved	Rejected:

This form is to be completed and returned to your Branch Secretary without delay. On receipt of notification of death of a member the sum of R 3 000-00 (Three Thousand Rand) will be paid to his/her next of kin providing he/she is a paid up member at time of death. There are no extra costs involved.

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

PARTICULARS OF BENEFICIARY	
Surname:	
Christian names:	
Full address:
Relationship:	

Signature: _____ Witness: _____ Date: 20__ / __ / __