

# Membership Application Form

## Personal Details

Surname

First Names

ID Number

Employer

Occupation

Postal Address

Postal Code

Tel No  Cell No

E-Mail

Sabi Membership Certificate:  English  Afrikaans  Vat Number

## Qualifications (Mark appropriate block and attach copy of highest qualification)

Grade 12  Diploma  Degree  Other

Specify

Any other applicable certificates:

## Irrigation Experience

Name of employer	Period	Position held	Type of Work

## Membership Type - Please tick the correct block for your field of work: (See application procedure)

Member Agriculture  Member Landscape  Associate  Companion  Student

## 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 acceptance/transfer to conform to the Constitution, By Laws, Code of Ethics and Norms (designers) of the Institute and to promote its objectives as far as is in my power.

Signature	Date
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## 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 applicant be admitted /transferred to the grade of

Signature	Signature	Signature	Signature
Proposer	Seconder	Chairman	Council
Date	Date	Date	Date