



THE SOUTHERN AFRICAN INSTITUTE OF FORESTRY

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APPLICATION FOR MEMBERSHIP

LAST NAME:	TITLE:
FULL NAMES:	
POSTAL ADDRESS:	
TEL:	FAX:
CELL:	DATE OF BIRTH:
E-MAIL:	
PRESENT EMPLOYER:	

MEMBERSHIP CATEGORY:

FULL	SCIENCE SACNASP registered	STUDENT	ASSOCIATE	FRIENDS OF THE INSTITUTE
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PREVIOUS FORESTRY RELATED EMPLOYMENT:

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT

ACADEMIC QUALIFICATIONS:

DEGREE/DIPLOMA	UNIVERSITY/TECHNICON	YEAR

Date: Signature of applicant:

BY-LAWS: ELECTION

1. Candidates shall be proposed by a SAIF member, not Council members, who shall certify in writing the eligibility of the candidate.
2. All applications for membership shall be submitted to a Branch Committee, which shall forward such applications with its recommendations to Council. Council shall have the right to accept or reject such application.
3. Student members shall be proposed by members knowing the candidate.

I, certify that is eligible for membership.
Date: Signature SAIF member:

The application was received by KZN/ MPU/ W-Cape/ S-Cape/ Gauteng branch and we certify that the above person is eligible for membership.
Date: Signature Branch Chairperson: