



ceeasa

THE CLINICAL ENGINEERING ASSOCIATION
OF SOUTH AFRICA

Application or Existing Member Details Update Form

Personal Details

Membership Status	<input type="checkbox"/> New Membership Application
	<input type="checkbox"/> Existing Member Updating Details
Membership Category Applied For	<input type="checkbox"/> Full Voting Member
	<input type="checkbox"/> Student To Full Membership
	<input type="checkbox"/> Student Non-Voting Member
	<input type="checkbox"/> Associate Non-Voting Member
	<input type="checkbox"/> Corporate Membership
	<input type="checkbox"/> International Non-Voting Associate
Branch Preference	<input type="checkbox"/> Free State <input type="checkbox"/> Gauteng
	<input type="checkbox"/> KwaZulu -Natal <input type="checkbox"/> Western Cape
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof
Initials	<input type="text"/>
First Names	<input type="text"/>
Surname	<input type="text"/>
Date of Birth (Day, Month, Year)	<input type="text"/>
Identity Number	<input type="text"/>
Postal Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal Code	<input type="text"/>
Home Telephone Number Including Area Code	<input type="text"/>
Cellular Phone Number	<input type="text"/>
Fax Number Including Area Code	<input type="text"/>
Email Address to use for Association Notices	<input type="text"/>
Photograph Available for Association Website	<input type="checkbox"/> I Do Not Want A Photo On The Website
	<input type="checkbox"/> I Submit A Photo With This Form
	<input type="checkbox"/> I Have A Photo But No Scanner
	<input type="checkbox"/> I Will Email A Photo
	<input type="checkbox"/> My Photo Is Already On The Web
Personal Website (If Any)	<input type="text"/>
Hobbies and Interests	<input type="text"/> <input type="text"/> <input type="text"/>

Occupational Information

Name of Employer or Academic Institution		
Work or Institution Address		
Work Postal Code		
Work or Institution Phone Number		
Work or Institution Web Address (If Any)		
Job Designation		
Present Occupation		
Can we contact you during working hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Experience and Qualifications

Years of Clinical Engineering experience	
A Brief Description of your Clinical Engineering experience and Training undertaken	

Highest Qualification achieved	<input type="checkbox"/> High School
	<input type="checkbox"/> Student At Technikon or University
	<input type="checkbox"/> National Certificate or Trade Test
	<input type="checkbox"/> National Diploma
	<input type="checkbox"/> Batchelors Degree
	<input type="checkbox"/> Other
Name of Qualification	
Date and where Qualified	
Membership of other Professional Associations	
Engineering Council Registration	<input type="checkbox"/> None
	<input type="checkbox"/> I Intend To Register
	<input type="checkbox"/> Yes, ECSA Registered Already
ECSA Registration Number	
International Applicants Must Provide A Professional Association Membership / Registration Body No.	

Declaration and Administration

Proposing CEASA Member (Intl. Leave Blank)	
Seconding CEASA Member	

I agree, upon election, to abide by the rules and Constitution of the Association and to uphold the dignity and standing thereof at all times. I also agree to participate in any Association survey and to provide responses that may be required of me from time to time.

Signature & Date