



MEMBERSHIP APPLICATION

FULL NAME OF APPLICANT (Prof./Mr./Mrs./Ms./etc.):

DISCIPLINE:

IDENTITY NUMBER:

NATIONALITY:

DAY AND MONTH OF BIRTH: [dd/mm]:

PARTNER'S NAME [not obligatory]:

MEMBERSHIP CATEGORY (tick appropriate boxes):

- | | | | | |
|-------------------|------------------------|---|-----------|--------------------------|
| Registration Fee | (once off payment) | : | R 100.00 | <input type="checkbox"/> |
| Ordinary Member | (per person per annum) | : | R660.00 | <input type="checkbox"/> |
| Student Member | (per person per annum) | : | NO CHARGE | <input type="checkbox"/> |
| Retired Member | (per person per annum) | : | NO CHARGE | <input type="checkbox"/> |
| Affiliated Member | (per person per annum) | : | R660.00 | <input type="checkbox"/> |

PREFERRED FIRST NAME FOR SOCIETY USE:

NAME OF EMPLOYER, COMPANY, PRACTICE, EDUCATIONAL INSTITUTION, etc.

STREET ADDRESS :

(Postal Code)

POSTAL ADDRESS:

(Postal Code)

RESIDENTIAL ADDRESS :

(Postal Code)

CONTACT DETAILS:

TELEPHONE: (WORK)

(HOME)

FACSIMILE: (WORK)

(HOME)

MOBILE:

(E-MAIL)

MEMBERSHIP OF OTHER BODIES:

Indicate institutions, societies, or applicable bodies of which you are a member.

NAME OF INSTITUTION

MEMBERSHIP NO.

ADMISSION DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



MEMBERSHIP APPLICATION

I, _____ declare that the information contained herein is true and correct and attach my cheque / proof of electronic transfer / direct deposit in the amount of R _____ made payable to: The Society of Architects Planners Engineers and Surveyors.

Signature: _____
on this the _____ day of _____ 2020/2021

SOCIETY OF APES BANKING DETAILS:

Nedbank

Branch: Cape Town – 10 0909

Account #: 1009 724 185

Submit payment confirmation to: info@apes-ct.co.za

