



National Committee of Southern Africa

P O Box 2542
Wilropark, 1731
South Africa

T: +27 82 902 4606
E: admin@cigresa.org.za
W: www.cigresa.org.za

Chairman: Prince Moyo **E:** chairman@cigresa.org.za
Hon. Secretary: Kevin Leask **E:** kevin.leask@kfw.de
Hon. Treasurer: Shibi Joseph **E:** thomasm@eskom.co.za

ANNUAL MEMBER FEES 2019

Member Types	Annual Fees
Individual Members I	R 2 375.00
Individual Members II <i>(Young Engineers under 35, for a maximum of 2 years)</i>	R 1 174.00
Collective I (Corporate)	R 23 880.00
Collective II (Academic Institutions)	R 9 230.00

The annual figure is applicable from January to December 2019 with no pro rata amount.

Please submit membership form to:

Administration Secretary: Anelja de Bok, Active Capture
Postal Address: P O Box 2542, Wilropark, 1731, South Africa
Email address: cigresa@activecapture.co.za
Telephone: +27 82 902 4606

FORMULAIRE d'ADHESION

MEMBERSHIP APPLICATION FORM

- RENOUELEMENT / *MEMBERSHIP RENEWAL* MEMBER N°
 NOUVELLE ADHESION / *NEW MEMBERSHIP* ANNEE DE NAISSANCE *YEAR OF BIRTH*
ANNEE / YEAR 2019 2020 2021
 ACTUALISATION DES DONNEES / *DATA UPDATING* PAS D'ACTUALISATION / *NO UPDATING*

**MEMBRES INDIVIDUELS
VOS COORDONNEES**

**INDIVIDUAL MEMBERS
YOUR CONTACT DETAILS**

- MEMBRE INDIVIDUEL I / *INDIVIDUAL MEMBER I*
 MEMBRE INDIVIDUEL II / *INDIVIDUAL MEMBER II (Jeune Membre, moins de 35 ans - Young Member under 35)*
 MEMBRE ETUDIANT / *STUDENT MEMBER (Sous conditions spécifiques - Under specific conditions)*

Nom de famille Family Name
 Prénom(s) First Name(s)
 Adresse Professionnelle / *Professional Address* Adresse Privée / *Private Address*
 Fonction / Département Position / Department

SOCIETE / UNIVERSITE (Sigle et nom complet) *COMPANY / UNIVERSITY (Abbreviation and full name)*

Adresse complète (Incluant VILLE, CODE POSTAL & PAYS) *Full address (Incl. CITY, ZIP CODE & COUNTRY)*

EMAIL
 *TEL *FAX

*Indiquer les préfixes pays et ville / *Indicate country and city prefixes

N° TVA (Obligatoire pour Pays de l'UE) *VAT N° (Mandatory for EU Countries)*

ADRESSE DE FACTURATION, SI DIFFERENTE *INVOICING ADDRESS IF DIFFERENT*

**MEMBRES COLLECTIFS
VOS COORDONNEES**

**COLLECTIVE MEMBERS
YOUR CONTACT DETAILS**

- MEMBRE COLLECTIF I / *COLLECTIVE MEMBER I*
 MEMBRE COLLECTIF II* / *COLLECTIVE MEMBER II**
 * Universités et Organismes d'Enseignement Supérieur uniquement / * *Universities and Educational Bodies only.*

SOCIETE / UNIVERSITE (Sigle & nom complet) *COMPANY / UNIVERSITY (Abbreviation & full name)*

Nom, Prénoms, Fonction et Département du Représentant. *Full Name, Position and Dept of the Representative.*

Adresse complète (Incluant VILLE, CODE POSTAL & PAYS) *Full address (Incl. CITY, ZIP CODE & COUNTRY)*

EMAIL
 *TEL *FAX

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