

MEMBERSHIP APPLICATION FORM

INDIVIDUAL MEMBERSHIP								
Membership Type								
Individual Member I	\bigcirc							
Individual Member II (Young members under 35)	\bigcirc							
Student Members (Full time students under 35) (please include proof of studies with your application form)	0							
Surname								
First names								
Year of Birth								
Gender (M / F)								
Organisation / University								
Invoice Address								
Postal Code								
Email								
Telephone (include dialing codes)								

COLLECTIVE MEMBERS (Companies & Universities)

Membership Type						
Collective 1 A – companies with more than 500 Employees			0	Number of employees		
Collective 1 B – companies with less than 500 Employees			\bigcirc	Number of employees		
Organisation / University						
Contact Person						
Full names						
Position / Job Title						
Invoice Address						
Postal Code						
Email						
Telephone (include dialing						
codes)						

Return completed forms to the CIGRE Southern Africa secretariat <u>cigresa@activecapture.co.za</u>