

SOUTH AFRICAN INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH MEMBERSHIP APPLICATION

SECTION A APPLICANT INFORMATION

First Name/s:

Surname:

Title:

ID No:

Postal address where membership certificate will be posted to:

Postal Code:

Tel:

Fax:

Cell:

E-mail: (provide only one e-mail address)

SECTION B WORK/INVOICE DETAILS

Current Employer:

Position:

Name and address to appear on invoice:

Postal Code:

SECTION C PROFESSIONAL REGISTRATION

Organisation and Level: (provide only if professionally registered)

SECTION D HIGHEST RELATED QUALIFICATIONS

University/Technikon/College/Other	Degree/Diploma/Certificate (Certified copies to be attached)	Duration and Date Completed

SECTION E RELATED EXPERIENCE

Number of years experience in Occupational Health and Safety:

SECTION F DECLARATION

*I agree to abide by Saiosh's decision as to my grade of membership. I understand that I can at any time apply for a membership up grade.
I agree to abide by Saiosh's Constitution. (Constitution available at www.saiosh.com)
I certify that all information in this application is true.*

Signature

Date

Send the completed application form and certified copies of qualifications/professional registration/ID Document to:
The Registrar, P O Box 2303, Westville, 3630
or scan and e-mail it to: info@saiosh.co.za (Preferred method)
or fax: 086 516 0438
For further enquiries Tel: 082 464 6754

Application and Membership Fees:

Visit our website for full details on the application and membership fees. www.saiosh.com
Please do not send the fees with your application, an invoice will be sent to you for payment.