



THE SOUTH AFRICAN INSTITUTE OF PHYSICS

Webpage: <http://www.saip.org.za/>

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Upgrade of Membership Form

FOR OFFICE USE ONLY

Person who approved application:

Name & Surname:

Category Awarded:

Signature:

Date approved: YYYY / MM / DD

Captured in Database – Person's name:

Date: YYYY / MM / DD

INSTRUCTIONS:

1. This form is only for Student and Associate Members, wishing to upgrade their membership. Application forms for membership are available on the website.
2. Please complete in print, sign and post to the Secretary at the address above. Incomplete forms will not be processed. All forms **must** be posted. Forms that are faxed or e-mailed will only be processed when the original is received.
3. Payment is due after the membership form has been processed. Please **do not** enclose your fees with your application.
4. If you do not currently reside in South Africa, please provide a certified copy of your highest degree certificate.

1. APPLICANT DETAILS / PERSON CONTACT DETAILS

MEMBERSHIP NUMBER:

Title:	Initial[s]:	Full Name[s]:		
Surname:		Gender: Male <input type="checkbox"/>	Female: <input type="checkbox"/>	
Nationality:		Race [optional]:		
E-mail 1:		Date of birth: YYYY / MM / DD		
E-mail 2:		Correspondence [One only]: E-mail <input type="checkbox"/> Post <input type="checkbox"/>		
Postal address:			Postal code:	
Employer:		Occupation:		
Cell phone:		Current Membership Category:		
Telephone [Work]: Code:	Number:	Fax Number: Code	Number:	

2. FIELD[S] OF INTEREST

1 st Choice:		2 nd Choice:		3 rd Choice:	
0	Astrophysics	4	Nuclear- Particle- & Radiation Physics	7	Education
1	Lasers, Optics & Spectroscopy	5	Solid State & Materials Science	8	Applied & Industrial Physics
2	Solar- Terrestrial	6	Theoretical Physics	9	General Physics
3	Plasma Physics				

3. QUALIFICATIONS

Degree / Diploma	Institution	Date
		YYYY / MM / DD
		YYYY / MM / DD
		YYYY / MM / DD

4. EXPERIENCE IN PHYSICS

Institution	Type of activity	Period

5. STUDENTS

Are you at present a full-time student? Yes No . If you are a full-time student, then your membership will not be upgraded

I want to be considered for Associate / Ordinary Membership [delete if not applicable]. Criteria for each category is available on the web-site

Signature of Applicant: _____

Date: YYYY / MM / DD