



Corporate Membership Application

PASAE Administration Officer
 PO Box 91279
 Silverton, Pretoria
 South Africa, 0127

Tel: 072-928-3628
 Email: administrator@pasae.org.za
<http://www.pasae.org.za>

NOTES FOR APPLICANTS: The completed application form, and the processing fee (where required) should be sent to the Administrative Officer at the above email address. Please complete this application form legibly. Complete only relevant sections.

1. COMPANY / ACADEMIC DEPARTMENT / INSTITUTE / SOCIETY INFORMATION

NAME (WITH ACRONYM):	DATE OF ESTABLISHMENT:	NUMBER OF EMPLOYEES:
MAIN COUNTRY OF OPERATION:	OTHER COUNTRIES WITH OPERATIONS:	
PURPOSE / MISSION:		
CORE ACTIVITIES (not more than 250 words):		
PROFILE (not more than 250 words, and attach a logo in a separate file (GIF/JPG):		
PHYSICAL ADDRESS:	MAILING ADDRESS (if different from physical address):	
BUSINESS TEL NO:	MOBILE TEL NO:	
E-MAIL:	WEBSITE ADDRESS:	
NAME OF CONTACT PERSON:	DESIGNATION:	

2. PLEASE STATE EXISTING MEMBERSHIP AND REGISTRATION WITH OTHER PROFESSIONAL BODIES

Organisation	Membership Number	Start	End	Membership Category

3. CORPORATE MEMBERSHIP CATEGORY (TICK THE APPROPRIATE BOX)

ACADEMIC DEPARTMENT MEMBERSHIP	USD 100 (per year)	<input type="checkbox"/>	CORPORATE MEMBER (for industries only)	Minimum USD 1 000 (per year)	<input type="checkbox"/>
NATIONAL/REGIONAL INSTITUTE/SOCIETY	USD 100 (per year)	<input type="checkbox"/>			<input type="checkbox"/>

4. DECLARATIONS (TO BE TICKED & SIGNED WITHOUT ALTERATION)

Data Protection

I understand and consent to the information provided on this form being processed by the PAN AFRICAN SOCIETY FOR AGRICULTURAL ENGINEERING (PASAE) for its sole use, for the purpose of administering membership of the PASAE and its products and services. I give my permission for PASAE to access the information for management, administration and registration purposes and agree to the use of the above profile information and attached logo on the PASAE website and, where appropriate, in publications. I confirm that I wish to receive notification (by electronic means) of PASAE's events and services which may be of interest and benefit to me.

Please tick the box to confirm you have read and accepted these Data Protection Terms and Conditions

Declaration

I declare that the statements made on this form are to the best of my knowledge true. I agree to comply with the Constitution and associated Regulations of the PAN AFRICAN SOCIETY FOR AGRICULTURAL ENGINEERING (PASAE). I understand that this is a commitment to behave ethically within my profession. I agree to do my best to promote the interests of PASAE wherever possible.

I undertake that I will pay the membership fee determined annually by the Council of PASAE and, if at any time I wish to resign from the PASAE, I will forthwith pay to the PASAE all arrear payments due from me.

Please tick the box to confirm you have read and accepted these Membership Terms and Conditions

Name and designation of Authorized Signatory:	Signature of Authorized Signatory:
Place:	Date:

5. CHECKLIST

I have completed all sections of this form	<input type="checkbox"/>	I have attached a logo in a separate file	<input type="checkbox"/>
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6. FOR INSTITUTION USE ONLY

Date Received:		Membership Grade Approved:	
Secretariat Acknowledged:		Membership Number:	
Checked and Approved:		Membership Certificate issued:	