

CORPORATE MEMBERSHIP APPLICATION FORM

SECTION 1: CONTACT DETAILS OF ORGANISATION

Name of organisation: _____

Postal address: _____

Physical address: _____

VAT number: _____

SECTION 2: CONTACT PERSON WITHIN THE ORGANISATION

Title: **Professor/ Dr./ Mr./ Mrs./ Ms.**

Surname: _____

First name: _____

Designation: _____

Direct telephone: _____

Direct fax: _____

E mail address: _____

SECTION 3: AREAS OF INTEREST (please tick all that apply)

Africa	<input type="checkbox"/>	Gender	<input type="checkbox"/>	Privatization	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>	Governance	<input type="checkbox"/>	Security / Military	<input type="checkbox"/>
Aid	<input type="checkbox"/>	Health	<input type="checkbox"/>	Security / Crime	<input type="checkbox"/>
APRM	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Telecoms / ICT	<input type="checkbox"/>
Business	<input type="checkbox"/>	Human Rights	<input type="checkbox"/>	Tourism	<input type="checkbox"/>
Construction/Engineering	<input type="checkbox"/>	Industry	<input type="checkbox"/>	Trade	<input type="checkbox"/>
Corruption	<input type="checkbox"/>	Infrastructure	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Development	<input type="checkbox"/>	International Relations	<input type="checkbox"/>	Water	<input type="checkbox"/>
Development Banks	<input type="checkbox"/>	Investment	<input type="checkbox"/>	Youth	<input type="checkbox"/>
Democracy	<input type="checkbox"/>	Labour	<input type="checkbox"/>	Other	<input type="checkbox"/>
Economics	<input type="checkbox"/>	Land	<input type="checkbox"/>		<input type="checkbox"/>
Education & Training	<input type="checkbox"/>	Law	<input type="checkbox"/>		<input type="checkbox"/>

Elections		Mining, Oil & Timber			
Energy		Manufacturing			
Environment		Nepad			
Finance		Political Parties			

SECTION 4: PAYMENT OPTIONS

Please note that the minimum fee is R20 000 (incl. VAT) per annum, however we welcome the opportunity to put together a package based on any additional services required. We will send an invoice confirming the amount after you have submitted the completed application form. You may scan the completed form to membership@saiia.org.za OR fax to 011 339 2154.

We hereby apply for membership of The South African Institute of International Affairs.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Date payment received: _____
 Date invoice issued: _____
 Invoice number: _____
 Database Entry: _____