

THE SOUTH AFRICAN INSTITUTE OF PHYSICS

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

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Membership Application Form

FOR OFFICE USE ONLY

Person who approved application:		Date approved: YYYY / MM / DD
Signature:		
Category Awarded:	New allocated Membership Number:	
Captured in Database – Person's name:		Date: YYYY / MM / DD

INSTRUCTIONS:

1. Please complete the relevant sections as detailed below.
2. Please complete in print, sign, scan email and/or post to the Secretary at the address above. Incomplete forms will not be processed.
3. Payment is due after the membership form has been processed. Please **do not** enclose your fees with your application.
4. If you did not obtain your degrees from a South African university, please provide a certified copy of your highest degree certificate.

Category of Membership applied for	Sections to be completed																	
Associate Membership	1		2		3		4		5		6		7		8		13	
Student Membership	1		2		4		5		6		7		8		10		13	
Institutional Membership	1		4		5		6		7		8		9		13			
Subscriber Membership	1		2		4		5		6		7		8		11		14	
Full Membership [Ordinary]	1		2		3		4		5		6		7		8		13	

1. APPLICANT DETAILS / PERSON CONTACT DETAILS

Title:	Initial[s]:	First 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:	
Telephone [Work]: Code:	Number:	Fax Number: Code: Number:

2. LANGUAGE DETAILS [Please select]:

First Language [Select one from list]				Second Language for Certificate [Select one from list]			
0	Afrikaans <input type="checkbox"/>	1	English <input type="checkbox"/>	0	Afrikaans <input type="checkbox"/>	1	English <input type="checkbox"/>
2	IsiNdebele <input type="checkbox"/>	3	IsiXhosa <input type="checkbox"/>	2	IsiNdebele <input type="checkbox"/>	3	IsiXhosa <input type="checkbox"/>
4	IsiZulu <input type="checkbox"/>	5	Sesotho <input type="checkbox"/>	4	IsiZulu <input type="checkbox"/>	5	Sesotho <input type="checkbox"/>
6	Sesotho sa Leboa <input type="checkbox"/>	7	Setswana <input type="checkbox"/>	6	Sesotho sa Leboa <input type="checkbox"/>	7	Setswana <input type="checkbox"/>
8	SiSwati <input type="checkbox"/>	9	Tshivenda <input type="checkbox"/>	8	SiSwati <input type="checkbox"/>	9	Tshivenda <input type="checkbox"/>
10	Xitsonga <input type="checkbox"/>	11	None <input type="checkbox"/>	10	Xitsonga <input type="checkbox"/>	11	None <input type="checkbox"/>

3. FIELD[S] OF INTEREST

1st Choice: <input type="checkbox"/>		2nd Choice: <input type="checkbox"/>		3rd Choice: <input type="checkbox"/>	
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				

4. ACADEMIC RECORD			
Degree / Diploma	Institution	Year	Major subject[s]

5. PHYSICS RELATED EXPERIENCE TO DATE [Starting with the most recent]			
Employer	Job Title	Start Year	End Year

6. SAIP AFFILIATES: National			
Please select if you are a member of any of the following organisations			
1	Astronomy Society of South Africa <input type="checkbox"/>	2	Microscopy Society of Southern Africa <input type="checkbox"/>
3	Optical Society of South Africa <input type="checkbox"/>	4	Organisation of Theoretical Physics <input type="checkbox"/>
5	South African Association of Physicists in Medicine & Biology <input type="checkbox"/>	6	South African Crystallographic Society <input type="checkbox"/>
7	South African Spectroscopic Society <input type="checkbox"/>	8	Southern African Acoustics Institute <input type="checkbox"/>

7. SAIP AFFILIATES: Institute of Physics [IoP]			
The SAIP has an agreement with the Institute of Physics [UK] that gives SAIP members the opportunity to join the IoP at a reduced rate			
Are you a member of the IoP	Yes <input type="checkbox"/>	If "Yes", please state your IoP Membership Number	
	No <input type="checkbox"/>	If "No", would you like to join the IoP?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

8. MEMBERSHIP FEE PAYMENT INFORMATION - Invoice purposes			
[To be completed only if applicant is NOT responsible for paying SAIP membership fee]			
Title:	Full Name[s]:		
Initials:	Surname:		
Institution:			
Telephone [Work]: Code:	Number:	Fax Number: Code	Number:
E-mail:			
Postal address:			
			Postal code:

9. DETAILS OF ORGANISATION [For Institutional applicant only]			
Name of organisation:			
URL:			
Does your company employ physicists? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "Yes", please estimate the number of physicists employed currently:			
Does your company offer scholarships for physics students? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "Yes", please provide details of contact person who would be able to provide application forms:			
Title:	Full Name[s]:		
Initials:	Surname:		
Telephone [Work]: Code:	Number:	Fax Number: Code	Number:
Postal address:			
			Postal code:

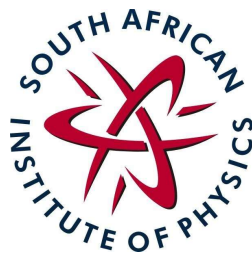
10. COURSE OF STUDY [For Student applicants only]	
Current Degree:	
Field of study:	
University:	
Department:	
Supervisor [Name & Surname]	
Supervisor's Telephone No. [Work}	Code: _____ Number: _____

11. FOR SUBSCRIBER applicants that are Students or Learners	
To be completed by School Principal:	
Name of Applicant: _____	
I _____ [name of principal that] certify that the above applicant has sufficient scientific or technical knowledge to be able to profit from participation in the activities of the South African Institute of Physics.	
The applicant is a _____ [name of subject] teacher at my school	
The applicant is a learner at my school in Grade _____.	
_____	School Stamp
Principal Signature	

Date	

12. ANY FURTHER INFORMATION / COMMENTS

13. SIGNATURES	
Proposer details [not necessary for Subscriber applicants]	
Full name[s]:	Signature:
Surname:	
Affiliation:	
Seconder details [not necessary for Students or Subscriber applicants]	
Full name[s]:	Signature:
Surname:	
Affiliation:	
Declaration by Applicant / Representative of Organisation	
I certify that the information supplied in this application is correct and that, if I am awarded membership, I will abide by the regulations of the SAIP. I also agree to inform the SAIP of any change to my contact details	
Signature of Applicant: _____	Date: Y Y Y Y / M M / D D



CONSENT FORM:

Provided in terms of the PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013 (POPIA)

SOUTH AFRICAN INSTITUTE OF PHYSICS: SAIP is a voluntary association registered under the Non-profit Organisations Act, No. 71 of 1997 with registration number 130-172 NPO and partially exempted from tax under section 10(1)(d)(iv)(bb) of the Income Tax Act, No. 58 of 1962. **Physical Address:** South African Institute of Physics, Building 33, CSIR North Gate Entrance, Pretoria.

SAIP mission is “To be the Voice of Physics in South Africa”

SAIP’S GOALS: SAIP’s goals include; To promote study and research in physics and related subjects and to encourage applications thereof; To further the exchange of knowledge among physicists by means of publications and conferences; To uphold the status of and ensure a high standard of professional conduct among physicists; Giving awards for excellence at various levels; Promoting efforts to increase the number of students in Physics, and Contributing to and assist in shaping science policies in South Africa.

I, the undersigned, hereby:

1. Confirm that I am a member or beneficiary of one or more of the activities and services being rendered by SAIP and that the personal information provided by myself to SAIP is accurate, current and not misleading;
2. Acknowledge and understand that, in reviewing my request for participation or offering the activities and services to me, SAIP will collect and process my personal information, including my full names, identity number, financial information, contact numbers, physical and postal addresses; pictures;
3. Acknowledge and understand that SAIP may in reviewing my request for participation or offering the activities and services collect my special personal information, including biometric information;
4. Grant consent to SAIP:
 - a. Collect my personal information from any other source, including family and other public sources;
 - b. Retain my personal information for purposes of implementing SAIP’s public benefit activities services and historical, statistical or research purposes;
 - c. Give effect to the processing of my personal information pursuant to an agreement between myself and SAIP;
 - d. Further process my personal information in manner that is compatible with the purpose for its collection, including: audit reports, donor reports, combat money laundering, the referral to appropriate collaborating, subsidiary organisations and service providers that can render related services; and
 - e. To communicate with me in future for purposes of ongoing communication, direct marketing, as defined, or fundraising and to publish my picture and other non-sensitive personal information in SAIP’s annual report, donor reports, brochures and website.
 - f. Consent to receive information from SAIP for example newsletters, press releases, job announcements, events announcements among other relevant information related to physics
5. Confirm that to the extent that I have provided SAIP with the personal information of other persons, including family or friends, I have obtained their consent to furnish such personal information.
6. Acknowledge that I have been made aware of where I can access a copy of SAIP’s Privacy Policy and Promotion of Access to Information manual available at <https://www.saip.org.za/paia-popia/>

Signed on thisday of

FULL NAMES: