



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

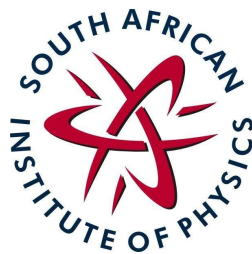
5. STUDENTS

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



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: