

APPLICATION FOR MEMBERSHIP



SECTION A: PERSONAL PARTICULARS

TITLE	PROF	DR	MR	MRS	MISS	MS
SURNAME						
FIRST NAMES						
IDENTITY NUMBER						
POSTAL ADDRESS						
POSTAL CODE						
PHYSICAL ADDRESS						
POSTAL CODE						
HOME TELEPHONE NUMBER						
CONTACT NUMBER DURING OFFICE HOURS						
CELL NUMBER						
FAX NUMBER						
NAME AND ADDRESS OF CURRENT EMPLOYER						
EMAIL ADDRESS						

CODE OF CONDUCT

I hereby declare that I have read and understood the Constitution and the Code of Conduct and agree to abide by them both.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

ITEM	COMMENTS	DATE	VERIFICATION SIGNATURE
CERTIFIED QUALIFICATION			
APPLICATION FEE			
REFEREES			

APPROVED	YES	NO	DATE	SIGNATURE
CATEGORIES			MEMBERSHIP NUMBER	

SECTION B: QUALIFICATIONS

Attach certified copies of certificates

1. DEGREE / DIPLOMA		<i>For Office Use Only</i>
MAJOR SUBJECTS		
YEAR COMPLETED		
TECHNIKON/UNIVERSITY		

2. DEGREE / DIPLOMA		<i>For Office Use Only</i>
MAJOR SUBJECTS		
YEAR COMPLETED		
TECHNIKON/UNIVERSITY		

3. DEGREE / DIPLOMA		<i>For Office Use Only</i>
MAJOR SUBJECTS		
YEAR COMPLETED		
TECHNIKON/UNIVERSITY		

4. DEGREE / DIPLOMA		<i>For Office Use Only</i>
MAJOR SUBJECTS		
YEAR COMPLETED		
TECHNIKON/UNIVERSITY		

5. DEGREE / DIPLOMA		<i>For Office Use Only</i>
MAJOR SUBJECTS		
YEAR COMPLETED		
TECHNIKON/UNIVERSITY		

SECTION B: QUALIFICATIONS (CONTINUED)

OTHER COURSES (e.g. AVCASA, Glenkovs Plant Protection Course)

Attach validated certificates of attendance

SECTION C: PROFESSIONAL AND SOCIETY MEMBERSHIP (e.g. SACNASP)

SECTION D: PUBLICATIONS AND PRESENTATIONS

Add a separate list if necessary

SCIENTIFIC PUBLICATIONS:

POPULAR PUBLICATIONS

SCIENTIFIC PRESENTATIONS

SECTION E: EMPLOYMENT HISTORY

1. EMPLOYER	
POSITION	
PERIOD EMPLOYED	FROM:
	TO:
FUNCTIONS	

2. EMPLOYER	
POSITION	
PERIOD EMPLOYED	FROM:
	TO:
FUNCTIONS	

3. EMPLOYER	
POSITION	
PERIOD EMPLOYED	FROM:
	TO:
FUNCTIONS	

4. EMPLOYER	
POSITION	
PERIOD EMPLOYED	FROM:
	TO:
FUNCTIONS	

5. EMPLOYER	
POSITION	
PERIOD EMPLOYED	FROM:
	TO:
FUNCTIONS	

SECTION E: EMPLOYMENT HISTORY (CONTINUED)

REFEREES *(minimum of two)*

Please obtain permission from referees before submitting this application

NAME	
WORK ADDRESS	
EMAIL ADDRESS	
TELEPHONE NUMBER	
POSITION	

NAME	
WORK ADDRESS	
EMAIL ADDRESS	
TELEPHONE NUMBER	
POSITION	

NAME	
WORK ADDRESS	
EMAIL ADDRESS	
TELEPHONE NUMBER	
POSITION	

MEMBER IN TRAINING

Only applicable for in-training registration

MENTOR

NAME	
WORK ADDRESS	
EMAIL ADDRESS	
TELEPHONE NUMBER	
POSITION	

SECTION F: CATEGORY OF EXPERTISE

FIELD OF EXPERTISE	YEARS EXPERIENCE	NUMBER OF TRIALS	NUMBER OF PRODUCTS
TRIAL PROTOCOLS <ul style="list-style-type: none"> • Compilation • Planning and Implementation 			
FIELD TRIALS (Conducted by applicant) <ul style="list-style-type: none"> • Conducting field trials <ul style="list-style-type: none"> Fungicides Herbicides Insecticides Nematicides PGRs Spray adjuvants GMO related trials GLP residue trials Other laboratory evaluations Other types of trials: specify • Evaluation of trials • Reporting on trials 			
TRIAL DATA SUMMARY PACKAGE			
REGISTRATION APPLICATION SUBMISSIONS <ul style="list-style-type: none"> • RSA Dept. of Agric.: Act 36/1947 • Other related legislation • Other countries 			
APPOINTED TECHNICAL ADVISER In respect of Act No. 36 of 1947			
COMMERCIAL CONSULTANT <ul style="list-style-type: none"> • Crops • Home and Garden • Industrial • Other 			
MISCELLANEOUS (SPECIFY)			