

## Application for Membership Upgrading

SURNAME		FIRST NAMES				DATE BIRTH	
GRADE APPLIED FOR Please mark with X	DIPLOMATE	AFFILIATE	ASSOCIATE	FELLOW			
BUSINESS ADDRESS							
PHONE ( )		FAX ( )		E-MAIL			
<b>1 PISA MEMBERSHIP</b>	DATE FIRST ADMITTED		CURRENT GRADE		DATE OF ELEVATION		

**2 PROFESSIONAL OR EMPLOYMENT HISTORY**

Please cover the past 10 years. If insufficient space, please use additional sheet of paper.

EMPLOYER	POSITION	PERIOD	RESPONSIBILITY RELATED TO PLASTICS
			Materials, Machines, Teaching, Research
1			
2			
3			
4			
5			
6			

**3 EDUCATION DETAILS** (Give details from highest school level to current highest qualification)

SCHOOL, TECHNIKON OR UNIVERSITY	QUALIFICATION OBTAINED	DATE	SUBJECTS (Mark distinctions with *)
1			
2			
3			
4			
5			

**4 MEMBERSHIP OF OTHER SOCIETIES OR ORGANISATIONS**

ORGANISATION OR SOCIETY	GRADE OF MEMBERSHIP	PERIOD	COMMENTS
1			
2			
3			
4			

**5 CONTRIBUTIONS - WRITTEN OR SPOKEN - IN THE FIELD OF PLASTICS, HIGH POLYMERS OR RELATED SUBJECTS**

TITLE	SUBJECT	PUBLISHED OR PRESENTED AT	DATE
1			
2			
3			
4			

**6 REFERENCES**

NAME	MEMBERSHIP GRADE	SIGNATURE	PHONE NUMBER
1			
2			

I declare that I am a member in good standing of the Plastics Institute of Southern Africa. I acknowledge that I will be required to attend a personal interview with a qualifications committee whose recommendation will form the basis of election by the National Executive Committee. If elected to the above grade of membership, I will at all times observe the provisions of the Constitution and Bye-Laws of the Institute and will at all times conduct myself honourably in the practice of my profession and will, to the best of my ability, maintain the dignity and welfare of the Institute.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR INSTITUTE USE ONLY		
DATE RECEIVED	MEMBERSHIP CHECKED BY	IN GOOD STANDING CHECKED BY
INTERVIEW TOPIC	INTERVIEW COMMITTEE	SIGNATURE
1		
2		
3		
4		
DATE OF INTERVIEW	TIME	VENUE

INTERVIEW NOTES:

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I confirm that the details of this application have been checked and that the applicant is a member of good standing. It is the recommendation of the..... Branch that the applicant be/not be upgraded to the level of \_\_\_\_\_

SIGNATURE BRANCH CHAIRMAN \_\_\_\_\_

DATE: \_\_\_\_\_



1

\_\_\_\_\_.