

DIPLOMATIC MEMBERSHIP APPLICATION FORM

SECTION 1: CONTACT DETAILS OF MISSION

Name of organisation: _____

Postal address: _____

Physical address: _____

VAT number: _____

SECTION 2: CONTACT PERSON WITHIN THE MISSION

Title: **Ambassador/ High Commissioner/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	Gender	Privatization	
Agriculture	Governance	Security / Military	
Aid	Health	Security / Crime	
APRM	Housing	Telecoms / ICT	
Business	Human Rights	Tourism	
Construction/Engineering	Industry	Trade	
Corruption	Infrastructure	Transport	
Development	International Relations	Water	
Development Banks	Investment	Youth	
Democracy	Labour	Other	
Economics	Land		

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

SECTION 4: PAYMENT OPTIONS

Please note that the minimum fee is R10 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: _____

SAIIA BANK DETAILS: Bank - Standard Bank Account Name - South African Institute of International Affairs Branch - Braamfontein Branch Code - 004805 Cheque Account - 002 349 892 Swift Code - SBZAZAJJ

<p>FOR OFFICE USE ONLY</p> <p><i>Date payment received:</i> _____</p> <p><i>Date invoice issued:</i> _____</p> <p><i>Invoice number:</i> _____</p> <p><i>Database Entry:</i> _____</p>
