

LIFT INSPECTORS ASSOCIATION OF SOUTH AFRICA

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SOUTHDALE
2135

TELEPHONE : (011) 432-1027
FAX : (011) 432-0235
E-MAIL : liasa@zmail.co.za
WEBSITE: www.liasa.org.za

APPLICATION FOR MEMBERSHIP

- 1. **FULL NAME (PRINT):**.....

- 2. **I.D. NUMBER:**

- 3. **ECSA REG. N^o:**

- 4. **POSTAL ADDRESS:**
.....
.....

- 5. **E-MAIL ADDRESS:**.....

- 6. **TEL :** () **FAX:** () **CELL:**.....

- 7. **EMPLOYER:**

- 8. **IF SELF EMPLOYED, PLEASE STATE:**
TRADING NAME:
CC N^o:

- 9. **AREA IN WHICH YOU ARE ACTIVE (CITIES/PROVINCES):**
.....

- 10. **WHAT SERVICE DO YOU OFFER:**.....
.....

The undersigned formally applies for membership to LIASA and understands the professional requirements for membership. I attach my cheque for R100 made out to LIASA.

SIGNED AT THIS DAY OF 20

SIGNATURE: