

# SOUTHERN AFRICAN SOCIETY FOR QUALITY

*Professional body representing  
Quality, Environmental, Health and  
Safety and SHEQ professionals*  
**Developing Leaders in QUALITY  
in Africa**



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Website: [www.sasq.org.za](http://www.sasq.org.za)

[092015]

## SASQ INDIVIDUAL PROFESSIONAL MEMBERSHIP APPLICATION

<b>Membership Grade applied for:</b> <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5		
<b>Sector Application:</b> <input type="checkbox"/> Quality <input type="checkbox"/> Environmental <input type="checkbox"/> Health & Safety <input type="checkbox"/> SHEQ		
<b>First Names:</b>	<b>Nick Name:</b>	
<b>Surname:</b>	<b>Title:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof	
<b>Citizenship:</b>	<b>ID No:</b>	
<b>Job Title:</b>	<b>Email Address:</b>	
<b>Company Name and Address:</b>		
	<b>Postal Code:</b>	<b>Vat No:</b>
<b>Cell No.:</b>	<b>Business Telephone:</b>	<b>Fax:</b>
<b>Economic Sector:</b>	<b>Type of Business:</b>	
<b>Home Address:</b>		
	<b>Postal Code:</b>	<b>Alternative Telephone:</b>
<b>Preferred Mailing Address:</b> (Your SASQ certificate will be mailed to this address) <input type="checkbox"/> Work. <input type="checkbox"/> Home		
<b>Indicate how you were referred to the SASQ:</b> <input type="checkbox"/> Friend <input type="checkbox"/> Colleague <input type="checkbox"/> Journal <input type="checkbox"/> SASQ Meeting <input type="checkbox"/> SASQ Member <input type="checkbox"/> Conference / Seminar <input type="checkbox"/> Website <input type="checkbox"/> Other (specify)		
<b>Is your company a Member of SASQ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
<b>Do you want a letter sent to your organisation recognising your membership to SASQ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please supply details of receiving person and email address.		
<b>Name:</b>	<b>Email Address:</b>	
<b>Do you want to be a respondent for research studies in the quality field?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you want your details to be inserted on the SASQ website?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Preferred area to attend SASQ events:</b> <input type="checkbox"/> Johannesburg <input type="checkbox"/> Pretoria <input type="checkbox"/> Durban <input type="checkbox"/> Port Elizabeth <input type="checkbox"/> Cape Town <input type="checkbox"/> Nelspruit <input type="checkbox"/> Bloemfontein <input type="checkbox"/> other (state.....)		
<b>I am a active person in the following fields.</b>		
<input type="checkbox"/> Laboratory <input type="checkbox"/> Supply Chain <input type="checkbox"/> Call Centre <input type="checkbox"/> Research <input type="checkbox"/> Military and Security <input type="checkbox"/> Systems Auditing <input type="checkbox"/> Food Safety <input type="checkbox"/> Course Provider <input type="checkbox"/> Project Quality <input type="checkbox"/> Health Care <input type="checkbox"/> Service Quality <input type="checkbox"/> School Quality <input type="checkbox"/> Corporate Social Responsibility (ISO 26000) <input type="checkbox"/> Energy Management (ISO 51000) <input type="checkbox"/> Risk Management (ISO 31000) <input type="checkbox"/> Other (state:.....)		

**Academic Qualifications:** (School, College, University or other)

Please submit certified copies (certification not more than 3 months old) of qualifications and a current CV

Month & Year	Award /Certificate	Course /Subject	Institution	For Office Use Only

**Current Employment / Position**

From (Month & Year)	Name of Organisation	Job Title	Nature of Work	For Office Use Only

Briefly state responsibilities and duties of your present work (Do not use this space to merely refer to an attachment)


**Practical Training and Experience** (Covering the last 10 years - Certified certificates to be attached)

From: (Month / Year)	To: (Month / Year)	Name of Organisation	Job Title	Nature of Work

Tick List of attachments submitted as required per grade applied for				
	Certified copy of ID		Certified copies of training programs	CV
	Supporting letter from employer		Certified copies of relevant qualifications	Written project report/s
	Letter of motivation as to why you want to join SASQ			
<b>Membership of Professional Institution:</b> (Please attach proof)				
	<b>Professional Institution</b>		<b>Year Elected</b>	<b>Grade</b>
<b>Note for grades 4 and 5, provide written reports of your project and/or published articles.</b>				
I certify that the information submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or membership revoked.				
<b>SIGNATURE OF APPLICANT:</b> ..... <b>Date:</b> .....				
<b>Mail, e-mail or fax completed application AND supporting documentation (refer to check list) to:</b> <b>SASQ</b> <b>P.O. Box 63</b> <b>Persequor Park,</b> <b>Pretoria, 1000</b> <b>E-Mail: sasqadmin@sasq.org.za</b> <b>Fax: 086 543 0778</b>				

	For Office use only	
Received:		
Graded by:		
Grade awarded:		
Effective date:		

## CODE OF ETHICS

As a member of the Southern African Society for Quality and in order to advance the honour and dignity of the quality profession and ensure the maintenance of high standards of ethical conduct. My signature to this document signifies that I shall at all times:

- Be honest and impartial and serve my employer, client and the public with dedication.
- Ensure that credit is given for the work of associates or junior personnel, where such credit is due.
- Conduct myself so as to uphold the dignity, standing and reputation of the profession.
- Endeavour to aid the professional development and advancement of persons in my employ or under my supervision.
- Earnestly seek to increase the competence and prestige of my professional activities.
- Not unfairly compete with any other member of the profession. This shall not preclude an honest opinion on any matter when so requested by my employer or client.
- Aid the work of the Society and not act in any way which might harm the Society.
- Promote the quality, reliability and safety of all products and services within my jurisdiction.
- Extend friendship and assistance to all the members of the Society.
- Be dignified and honest in explaining the extent and merit of my work.
- Accept my responsibilities to observe the provisions of this Code and the ruling of the SASQ Board on any non-observance thereof.
- Endeavour to extend public knowledge of the value of the profession and the work of the Society.
- Accept any ruling of the Board in relation to this Code, membership of the Society or recognition of any of the Society's certifications.
- Ensure that I obtain the necessary permissions and authority from the SASQ Board should I want to represent SASQ at external meetings and committees on SASQ business.
- Ensure that any public statements for which I am responsible clearly indicate and whose behalf they are made and obtain permission from the SASQ Board should I be required to speak publically on SASQ matters.
- Fully support the activities and growth of SASQ.

I, ....., understand that I can be disciplined and appropriate action taken if in breach of these ethics.

Signature: .....

Date: .....

<b>Grade</b>	<b>Re registration Fee (every three years)</b>	<b>Evaluation Fee</b>
<b>LEVEL 5</b>	<b>R 1,200.00</b>	<b>R 1300.00</b>
<b>LEVEL 4</b>	<b>R 750.00</b>	<b>R 1000.00</b>
<b>LEVEL 3</b>	<b>R 600.00</b>	<b>R 700.00</b>
<b>LEVEL 2</b>	<b>R 400.00</b>	<b>R 500.00</b>
<b>LEVEL 1</b>	<b>R 300.00</b>	<b>R 350.00</b>
<b>Pre-evaluation fee (first time applicants)</b> <b>(valid for 7 days for payment for balance of fees)</b>		<b>R 200.00</b>

**Direct Bank Deposit - Account Details**

**Bank: Nedbank; Branch: MENLYN, PRETORIA;**

**Branch Code: 16-05-45;**

**Account Number: 1605 132306; Account Type: Transmission**

**Attach proof of payment with your application and use your surname and initials as your reference number on the deposit.**

Filename: Individual\_professional\_Membership\_Application\_Form.doc  
Directory: C:\Documents and Settings\Darryl\My Documents\SASQ Roy Ramphal  
Template: C:\Documents and Settings\Darryl\Application  
Data\Microsoft\Templates\Normal.dotm  
Title:  
Subject:  
Author: Ramphal - September 2011  
Keywords:  
Comments:  
Creation Date: 10/13/2015 7:43:00 AM  
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