

CONSEIL INTERNATIONALE DES GRANDES RÉSEAUX ÉLECTRIQUES A HAUTE TENSION
INTERNATIONAL COUNCIL ON LARGE HIGH VOLTAGE ELECTRIC SYSTEMS
CIGRE SOUTHERN AFRICA NATIONAL COMMITTEE



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ANNUAL MEMBER FEES 2017

Member Types	Annual Fees
Individual Members I	R 2 095.00
Individual Members II (Young Engineers under 35)	R 1 035.00
Collective I (Corporate)	R 21 050.00
Collective II (Academic Institutions)	R 8 145.00

The annual figure is applicable from January to December 2017 with no pro rata amount.

Please submit membership form to:

Administration Secretary: Anelja de Bok, Active Capture
Postal Address: P O Box 2542, Wilropark, 1731, South Africa
Email address: cigresa@activecapture.co.za
Telephone: +27 82 902 4606



CONSEIL INTERNATIONAL DES GRANDS RESEAUX ELECTRIQUES
INTERNATIONAL COUNCIL ON LARGE ELECTRIC SYSTEMS

FORMULAIRE d'ADHESION

MEMBERSHIP APPLICATION FORM

A RETOURNER A VOTRE COMITE NATIONAL - TO BE SENT TO YOUR NATIONAL COMMITTEE

- RENOUELEMENT / *MEMBERSHIP RENEWAL* **MEMBER N°**
- NOUVELLE ADHESION / *NEW MEMBERSHIP* ANNEE DE NAISSANCE *YEAR OF BIRTH*
- ANNEE / *YEAR* **2016** **2017** **2018**
- ACTUALISATION DES DONNEES / *DATA UPDATING* PAS D'ACTUALISATION / *NO UPDATING*

MEMBRES INDIVIDUELS
VOS COORDONNEES

INDIVIDUAL MEMBERS
YOUR CONTACT DETAILS

- MEMBRE INDIVIDUEL I / *INDIVIDUAL MEMBER I*
- MEMBRE INDIVIDUEL II / *INDIVIDUAL MEMBER II* (Jeune Membre, moins de 35 ans - *Young Member under 35*)
- MEMBRE ETUDIANT / *STUDENT MEMBER* (Sous conditions spécifiques - *Under specific conditions*)

Nom de famille *Family Name*

Prénom(s) *First Name(s)*

- Adresse Professionnelle / *Professional Address* Adresse Privée / *Private Address*

Fonction / Département *Position / Department*

SOCIETE / UNIVERSITE (Sigle et nom complet) *COMPANY / UNIVERSITY (Abbreviation and full name)*

Adresse complète (Incluant VILLE, CODE POSTAL & PAYS) *Full address (Incl. CITY, ZIP CODE & COUNTRY)*

..... *EMAIL*

*TEL *FAX

*Indiquer les préfixes pays et ville / *Indicate country and city prefixes

N° TVA (Obligatoire pour Pays de l'UE) *VAT N° (Mandatory for EU Countries)*

ADRESSE DE FACTURATION, SI DIFFERENTE *INVOICING ADDRESS IF DIFFERENT*

MEMBRES COLLECTIFS
VOS COORDONNEES

COLLECTIVE MEMBERS
YOUR CONTACT DETAILS

- MEMBRE COLLECTIF I / *COLLECTIVE MEMBER I*
- MEMBRE COLLECTIF II* / *COLLECTIVE MEMBER II**
- * Universités et Organismes d'Enseignement Supérieur uniquement / * *Universities and Educational Bodies only.*

SOCIETE / UNIVERSITE (Sigle & nom complet) *COMPANY / UNIVERSITY (Abbreviation & full name)*

Nom, Prénoms, Fonction et Département du Représentant. *Full Name, Position and Dept of the Representative.*

Adresse complète (Incluant VILLE, CODE POSTAL & PAYS) *Full address (Incl. CITY, ZIP CODE & COUNTRY)*

..... *EMAIL*

*TEL *FAX

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