

THE SOUTHERN AFRICAN INSTITUTE OF DRIVING INSTRUCTORS



APPLICATION FOR INDIVIDUAL MEMBERSHIP – See our members on www.saidinational.org

Personal information (complete all details please)		Driving School information (complete all details please)	
First names and Surname	_____	Name of Driving School	_____
ID number	_____	Area of instruction	_____
Telephone: Cell	_____	Code(s) of instruction	_____
Work	_____	Physical address	_____
Fax	_____	Website	_____
E-mail address	_____	Postal address	_____
Tax Number	_____	Owner of Driving School	_____
Drivers licence(s) and code(s)	_____	Telephone number	_____
Date(s) issued / limitations	_____	Vehicle registration number	_____
Pr D P date(s) issued	_____	Payment Annual membership fee R500.00 annually. Please note: Members are responsible to send new instructor's certificates to SAIDI Head Office as soon as they are issued each year, together with any updates of change of address, vehicles etc.	
Instructor's certificate number	_____		
Instructor's receipt number	_____	Payment included /Receipt E-mailed Payment included _____ Receipt faxed _____ Receipt E-mailed _____	
Place issued	_____		
Expiry date	_____		
Teaching experience	_____		
Additional qualifications	_____		
I hereby acknowledge that I have read and understand the Constitution and bind myself to abide by the Code of Conduct. I run my own driving school of not more than two instructors or work for a driving school. I know that if I have expanded my driving school to more than two instructors, I need to complete a different application form.			
Date	_____	Signature	_____
Banking details Bank: Standard Bank Branch: Brooklyn Savings Account number: 017548993 Branch Code: 011245		Please make a deposit directly into our SAIDI savings account and E-mail this form, the deposit slip and a valid instructor's certificate to info@saidinational.org or alternatively fax to: 086 262 1180	