



PEOPLE ASSESSMENT IN INDUSTRY (PAI)

APPLICATION FOR MEMBERSHIP

Title	Prof		Dr		Mr		Mrs		Ms	
Initials			Preferred Name							
Surname										
Identity Number										
Postal Address										
	Postal Code									
Country										
Work Telephone Number										
Fax Number										
Cellular Phone Number										
Home Telephone Number										
E-Mail Address										
Employer										
Position										
Highest Qualification	Doctorate		Masters		Honours		Bachelors			
	Other (Please specify)									
HPCSA Number										
Student Number					Institution					
May PAI make your contact details available to other PAI members?										
									Yes	No

Research

Please indicate whether you and your organisation will be interested in participating in and / or receiving research information

- Participating in a research project by providing a sample
- Participating in a research project in collaboration with other organisations
- Providing existing research data to the database
- Receiving existing research
- Other, please specify

I, the person whose details are listed above hereby apply for membership of the People Assessment in Industry (PAI) and undertake to abide by the constitution of PAI. I undertake to resign in writing. I declare that the information supplied is correct.

Signature

For Office Use

Data Captured		Membership Ratified		Membership Number Allocated	
	Membership Confirmed	Posted		E-Mailed	