



FORM No TRTD/01A

**TIMBER ROOF TRUSS DESIGNER APPLICATION
 FOR MEMBERSHIP OF THE ITC-SA**

NAME:

SURNAME:

ID NUMBER:

NAME TO APPEAR ON CERTIFICATE:

QUALIFICATIONS	EXPERIENCE (After qualification)	MENTOR (If applicable)
1.		
2.		
3.		
4.		
5.		
6.		

(Note: Applicant can attach separate sheet to list the above)

STREET ADDRESS:

..... **CODE:**

POSTAL ADDRESS:

..... **CODE:**

TEL NO: () **FAX NO:** ()

E-MAIL ADDRESS:

NAME OF REG. FABRICATOR:..... **NAME OF SYSTEM CEO/MD:**.....

SIGNATURE OF FABRICATOR:..... **SIGNATURE OF SYSTEMS CEO/MD:**.....

**(We, the Fabricator and System Members (as per above) endorse the competence of the applicant)*

DATE:.....

I accept the ITC-SA Code of Conduct, and my signature on this document will bind me to the ITC-SA Disciplinary Code (as may be amended by the ITC-SA Board from time to time)

I undertake to pay the annual membership fee of R570.00 (Incl. VAT) applicable (as may be amended by the ITC-SA Board from time to time)

Banking Details:
INSTITUTE FOR TIMBER CONSTRUCTION
ABSA - ISANDO BRANCH NUMBER 52-31-42
ACCOUNT NUMBER 010-2938-231-6

Signature of Applicant:

DATE: