

Southern African Institute of Driving Instructors (RSA) Application for Enrolment as a Member (Section 7.1)



(Please print ALL entries)

A. Personal Particulars:

Surname:	Forenames:	
Identity Number:	Tel. Home:	
	Tel. Cell:	
Residential Address:		
		Code:
Postal Address:		
		Code:

B. Employment / Business Particulars

Name of Firm / Driving School:	
Business Street Address:	
	Tel. Work:

C. General Information

Driver's Licence No.: *	Classes:
Instructor's Permit No.: *	Classes:
Expiry Date of Instructor's Permit:	
How many years have you been an instructor?	
List only other relevant qualifications:	
Give details of any memberships of related groups (including membership numbers):	

D. When submitting this form, submit in duplicate with

1. R30 Enrolment Fee
2. R80 Annual Subscription Fee
3. 2 (Two) recent identical passport photographs; and
4. One Photocopy of each item in Section C, marked *
 - o If you do not yet have your instructor's permit, please provide your receipt for (re)application of your instructor's permit.

Send To: The Treasurer
S.A.I.D.I. (RSA)
Western Cape
16 Tallent Street,
Parow, Cape Town
7500
Fax: 086 654 7629

Signature:

Date:

Contact Numbers:
Mr Peter Mazonkai: 021 - 397 7310
Mr Themba Yokwe: 021 - 936 9160 / 8