



**Professional Category**

Please indicate which category best describes your profession

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Attorney  
Corporate Licensing Professional  
University Licensing Professional  
Consultant

Other (Please specify) \_\_\_\_\_

**Industry Sectors**

Please indicate the Industry Sectors in which you are currently active

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Chemicals  
Energy  
Environmental  
Materials  
Consumer Products  
University  
Health  
Government  
Life Sciences  
Biotechnology  
Mining  
Telecommunications  
Information Technology

**Organization Type**

Please check the one that best describes your employer's organization

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Consultant or Technology Broker  
Financial Services / Venture Capital  
Government Agency or Laboratory  
Industrial Corporation (specify)  
Law Firm  
Service Industry  
University  
Research Institution or Laboratory  
Retired  
Student

Other (Please specify) \_\_\_\_\_

**Undertaking by applicant**

I undertake to read the articles and memorandum of the company, together with any Rules of Conduct applicable from time to time and to abide by both the word and spirit thereof.

I further agree and acknowledge that where my membership is sponsored by my employer that any termination of my membership by my employer effectively terminates my membership to the organization unless I personally inform LES (SA) of my continued membership at my own expense.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Payment Information

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The annual membership fee is **R2400.00** (this includes an admin fee of **R150.00** for new members).

Please make payment by electronic funds transfer to the following bank account and email the proof of payment to **madelein.kleyn@outlook.com** with c.c. to **al@lewisipcom.com**

<b>Bank Name</b>	Standard Bank
<b>Branch Code</b>	006605
<b>Bank Account Number</b>	200863142
<b>Account holder</b>	Licensing Executives Society
<b>Account Type</b>	Current
<b>Reference</b>	Use your Name and Surname as the reference

## Completed form

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You are requested to download the membership detail form (Excel spreadsheet), complete and return with your completed application form to Dr. MM Kleyn at [madelein.kleyn@outlook.com](mailto:madelein.kleyn@outlook.com)

The membership detail form is here: <https://www.dropbox.com/s/dijwieb7qtz7gy0/Membership%20detail%20template.xlsx?dl=0>