



(Reg. No. 2004/019152/08)  
 Post Net Suite 849, Private Bag X4, Menlo Park, 0102  
 National Office: Tel 012 845 2132  
 Independent Development Trust, Glenfields Office Park,  
 Cnr Oberon & Glenwood Roads, 0042 FAERIE GLEN, Pretoria

# GAUTENG PROVINCIAL CHAPTER MEMBERSHIP APPLICATION FORM

## TYPES OF MEMBERSHIP AVAILABLE

		Amount
Registration fee (new member)	Once-Off	R 60,00
Annual membership fees:	Annually	R 600,00
- Full individual		
- Full company	Annually	R 1 800,00
- Corporate	Annually	R 6 000,00
- Honorary		NIL
- Life		NIL
- Associate	Annually	?
- Student	Annually	?
- Group	Annually	?
- International	Annually	?

### Annual Membership Subscription Fee

Old members pay the full registration amount of R600 at least by the end of March whereas new members pay R660 when they join during the year. Closing date for new members to join Sawic is end of March.

Membership application is subject to Provincial approval. New member to complete the Membership Application Form and fax back to Ms. LULAMA DLUDLA 0867 768 795 together with proof of payment. See below for BANKING DETAILS.

## INSTRUCTIONS FOR COMPLETION OF MEMBERSHIP APPLICATION FORM

All fields to be completed.

GAUTENG SAWIC BANK A/C: STANDARD BANK; SAVINGS, A/C404659047, MIDRAND, CODE 001155

- REMEMBER TO WRITE GAU 003, YOUR SURNAME AND INTIAL IN THE REFERENCE BLOCK ON THE DEPOSIT SLIP P L E A S E !!

## SECTION 1 - PERSONAL DETAILS

SURNAME			
FIRST/NAME/S			
SA ID No.			
TEL. No. (Work)		Tel. No. (Home)	
FAX No.			
CELL. No.			

	<b>PLEASE DO NOT ATTACH ANY DOCUMENTS TO THE FORM !!!!</b>
HOME ADDRESS	
POSTAL ADDRESS	
E-MAIL ADDRESS	

**CONTACT DETAILS OF SPOUSE/FRIEND/FAMILY MEMBER/BUSINESS ASSOCIATE**

SURNAME	
FIRST NAME/S	
CELL. No.	
TEL. No.	
RELATIONSHIP	

**THE FOLLOWING INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY**

MARITAL STATUS	SINGLE	MARRIED	DIVORCED	WIDOWED	OTHER
AGE		NO. OF CHILDREN			

**SECTION 2 - BUSINESS ENTITY DETAILS**

CIDB Grade (if applicable)	
CIDB REGISTRATION No. (if applicable)	
CIPRO REGISTERED NAME OF COMPANY	
CIPRO TRADING NAME OF COMPANY	
TYPE OF BUSINESS (Please be specific on <b>core business</b> )	
CIPRO COMPANY REGISTRATION No.	
NHBRC REGISTRATION No. (if applicable)	
CURRENT VALID COMPANY SARS TAX CLEARANCE CERTIFICATE	
COMPANY VAT No. (if applicable)	
PROVINCE	
CITY/TOWN	

**PLEASE ENCIRCLE**

REGION	(List Regions in Province)
DISTRICT MUNICIPALITY	(List)
LOCAL MUNICIPALITY	(List)
METRO MUNICIPALITY	(List if applicable)

IS YOUR COMPANY CURRENTLY ACTIVE?					YES		NO	
ELECTRONIC COPY OF YOUR COMPANY PROFILE FORWARDED					YES		NO	
TYPE OF ENTITY	Individual	CC	(Pty) Ltd	Co-operative	Partnership	Joint Venture	Other: (Govt Dept/ NGO)(Specify)	

IF JOINT OWNERSHIP, DISCLOSE PARTICIPATION OF OWNERSHIP (e.g., 30 %)	
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<b>SECTION 3 - SAWiC PROVINCIAL INVOLVEMENT</b>				
IN TERMS OF VOLUNTARY ACTIVITIES IN SAWiC, PLEASE INDICATE THE SUB-COMMITTEE YOU WOULD LIKE TO BE INVOLVED IN (Please encircle)	Member recruiting/	Finance/ Operations/ Sponsorships/ Marketing	Stakeholder liaison/	Other (specify)
INDICATE YOUR SKILLS AND EXPERIENCE IN SERVING ON COMMITTEES				

<b>SECTION 4 - DECLARATION</b>
<p>I declare that the information provided in this Membership Application Form is true and correct.</p> <p>I hereby agree to abide by the rules, constitution, policies and procedures of SAWiC once my application has been approved by the relevant Provincial Chapter and I have paid the membership fee due.</p> <p>Full name/s and surname _____</p> <p>Signature _____</p> <p>Date _____</p> <p><b>FAX SIGNED COMPLETED APPLICATION FORM WITH PROOF OF PAYMENT ONLY to <b>LULAMA</b> 086 733 8108</b></p>