## MEMBERSHIP FORM



or TRADING NAME						
BUSINESS TYPE	Sole Prop.	Partnership	Inc.	CC/PTY	PUBLIC	NPO/C
BUSINESS OR PROFESSIONAL ACTIVITY				eg : Ma	nufacturing, Profession	nal, Construction, e
INDUSTRY / PROFESSION SEGMENT				4	eg : Engineering, Psych	ology, Electrical, e
SUB-SEGMENT OF INDUSTRY					Eg : Scaffolding,	Coaching, Civils, ed

The following information is for determining our impact on, and contribution to the SA economy and society.

It shall be treated as private and confidential always.

Number of employees (full and part time)

Approximate annual tumover (optional)

STREET ADDRESS	

CONTACT NAME & SURNAME	
TITLE Eg: Mr, Dr, Miss	
JOB TITLE Eg : Director, CEO	

## TELEPHONE / CELL

EMAIL	WEBSITE

Date

BANKING DETAILS		
ACCOUNT NAME	I BELOMO AFANA	
BANK	FNB	
BRANCH	CARLWARD	
BRANCH CODE	250655	
ACCOUNT NO.	63022857651	
SWIFT CODE	FIRNZAJJ	

VALID FI	1 December 2022
Silver from 1-5 employees	R2,500 / 91,980 FCFA
Gold from 5-20 employees	R5,000 /183 047 FCFA
Premium from 20-100+ employees	R10,000/ 366,322 FCTA

Membership fees are payable when joining and are renewed on the anniversary of joining.