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# APPLICATION FOR MEMBERSHIP

(Please complete in block letters)

|   |                                   |                                  |
|---|-----------------------------------|----------------------------------|
| NAME OF COMPANY                           |                                   |                                  |
| COMPANY REGISTRATION NUMBER               |                                   |                                  |
| VAT REGISTRATION NUMBER                   |                                   |                                  |
| CONTACT PERSON                            |                                   |                                  |
| TELEPHONE NUMBER                          |                                   |                                  |
| FACSIMILE NUMBER                          |                                   |                                  |
| E-MAIL ADDRESS                            |                                   |                                  |
| WEBSITE                                   |                                   |                                  |
| Volume of sales (see attached definition) | tons                              |                                  |
| Payment preference (indicate with an X)   | Annually <input type="checkbox"/> | Monthly <input type="checkbox"/> |
| Person responsible for payment            | Name                              |                                  |
|   | E-mail address                    |                                  |

.....  
SIGNATURE

.....  
DATE

**NOMINATED BY:**

|                     |  |
|---------------------|--|
| NAME OF FULL MEMBER |  |
| REPRESENTED BY      |  |

.....  
SIGNATURE

.....  
DATE