



## **APPLICATION FOR MEMBERSHIP**

All Applicants to complete **either** Section A **or** Section B, **and** Section C

### **Section A            Individual Membership**

Full Name: .....

Identity Number: .....

Employer: .....

Qualifications: .....

.....

Company name .....

(Name is required to receive copies of Tech News

### **Section B            Corporate Membership**

Company Name: .....

Trading Name: .....

Holding Company: .....

Date Established: ..... Registration Number:.....

Full Names and Designations of Owners/Directors/Partners:

.....

.....

.....

Nature of Business: .....

.....

Nominated Representative .....

Email address: .....

### **Section C            To be completed by both Section A and B Applicants**

Physical Address: .....

.....

.....

Postal Address: .....

.....

.....

Telephone No: ..... (Work) ..... (Home)

Fax Number: ..... Cell .....

e-mail: ..... (our preferred method of communication)

Web Site: .....



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Fax: 086 503 4524

e-mail address: [ctr@safpa.org.za](mailto:ctr@safpa.org.za)

I/We agree to the Conditions of Membership as prescribed by the Constitution of the SA Fluid Power Association and consider myself/ourselves bound by the SAFPA Code of Conduct and all subsequent amendments.

Signature of Applicant: ..... Date: .....

Please fax this application to +27 (0) 86 503 4524

SAFPA Proposer: (Company and Name) .....

SAFPA Secunder: (Company and Name) .....