



# CORPORATE MEMBERSHIP FORM

COMPANY NAME: \_\_\_\_\_

VAT NUMBER: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

## CORPORATE REPRESENTATIVE:

TITLE: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

TEL: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

YOUR FUNCTION AND TITLE IN COMPANY: \_\_\_\_\_

## PLEASE PROVIDE DETAILS OF THE PERSON IN YOUR ORGANISATION THAT YOU REPORT TO:

FULL NAME: \_\_\_\_\_

TEL: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

THEIR FUNCTION AND TITLE IN COMPANY: \_\_\_\_\_

## ASSOCIATE MEMBERS:

1. TITLE: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

TEL: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

2. TITLE: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

TEL: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

IS YOUR COMPANY A CONSULTANT COMPANY: YES \_\_\_\_\_ NO \_\_\_\_\_

IS YOUR COMPANY INVOLVED IN INTERNATIONAL MOBILITY: YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Members who join & pay before 31 October 2015 will be charged K 2,250.00  
Members who join after 31 October 2015 will be charged K 2,500.00

This membership will be valid until 31 December 2016

Please fax this form to (+27 86) 688 7005 or email to [araservices@vdw.co.za](mailto:araservices@vdw.co.za).  
An invoice for membership subscription will be emailed to you on receipt of this form.