



INDIVIDUAL MEMBERSHIP FORM

PERSONAL DETAILS:

TITLE:	SURNAME:
FIRST NAMES:	
POSTAL ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:
EMAIL ADDRESS:	CELL NUMBER:

COMPANY DETAILS: (FOR INVOICING PURPOSES ONLY)

COMPANY NAME:	
PHYSICAL ADDRESS:	
POSTAL ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:
CONTACT PERSON:	EMAIL ADDRESS:
NO. OF EMPLOYEES:	TYPE OF BUSINESS:

<p>The Individual Membership class will be applicable to the following person/s:</p> <ul style="list-style-type: none"> • Individuals who work for companies that do not qualify as Corporate Members (any company with less than 5 employees), and only ONE employee will qualify for member benefits. • Individually owned Consultancies.

ARE YOU A CONSULTANT: YES _____ NO _____

ARE YOU INVOLVED IN INTERNATIONAL MOBILITY: YES _____ NO _____

SIGNATURE: _____ DATE: _____

Members who join & pay before 31 October 2015 will be charged K 900.00
 Members who join after 31 October 2015 will be charged K 1,000.00

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.
 An invoice for membership subscription will be emailed to you on receipt of this form.