



CORPORATE MEMBERSHIP FORM

Company name: _____

Vat No.: _____ Registration No.: _____

Postal Address: _____

Corporate Representative:

Title: _____ First Name: _____ Last Name: _____

E-mail: _____ Cell: _____

Tel: (_____) _____ Fax: (_____) _____

Your Function and title in company: _____

Please provide details of the person in your organisation you report to:

Title: _____ First Name: _____ Last Name: _____

E-mail: _____ Cell: _____

Tel: (_____) _____ Fax: (_____) _____

Associate Members:

Title: _____ First Name: _____ Last Name: _____

E-mail: _____ Cell: _____

Tel: (_____) _____ Fax: (_____) _____

Title: _____ First Name: _____ Last Name: _____

E-mail: _____ Cell: _____

Tel: (_____) _____ Fax: (_____) _____

Is your company a Consultant Company:

YES _____ | NO _____

Is your Company involved in International Mobility:

YES _____ | NO _____

Signature: _____ Date: _____

The membership year is valid from January to December.

The Membership fee for 2020 is R5,750 (incl. VAT) and will be charged pro-rata after the first quarter.

Please email this form to saraservices@vdw.co.za