

## MEMBERSHIP APPLICATION FORM 2018/2019

Company Name: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

I am applying as a:      Full Corporate Member

Region/s of business *(please list the metropolitan and local municipalities wherein you conduct your business operation)*

Are you a registered business?      Yes    /    No

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

Postal Address:



P O Box 868 Ferndale 2160      4 Karen Street Bryanston 2191

Tel: 011 061 5000

Email: [erasa@vdw.co.za](mailto:erasa@vdw.co.za)

Web: [www.erasa.org.za](http://www.erasa.org.za)

**Physical Address:**

**City:** \_\_\_\_\_

**Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

General Information (in no more than 1000 characters, tell us about your company. This information will be used when our website is developed and your company logo and brief description advertised on our website)

\* With submission of this membership form please email us an electronic copy (JPG/PDF/GIF format) of your company logo \*





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### **MEMBERSHIP FEES**

- Annual membership fee for the period 1 November 2018 to 31 October 2019 is R 5, 000.00 (ERASA is not registered for VAT).
- On receipt of this completed form, an invoice will be forwarded to you for payment. Please use your company name / invoice number as reference on the payment.

### **BANKING DETAILS**

Bank: ABSA Bank

Branch: Randburg (632005)

Account Number: 930 055 1554

Account Name: ERASA

### **ACKNOWLEDGEMENT AND DECLARATION OF MEMBERSHIP**

I accept the ERASA Constitution and Code of Conduct and will perform and execute my business operations as an electricity reseller and / or administrator in accordance with the Code-of-Conduct of ERASA.

**Signature:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Designation at Company:** \_\_\_\_\_

**Date:** \_\_\_\_\_