IMASA National Committee
P O Box 13240
Clubview
0014
Email: imasanationalcommittee@gmail.com

Cell: 0608627096

For attention: Membership Administration

APPLICATION FOR MEMBERSHIP

Is this application in respect of a Company, Close Corporation, Partnership, Sole Owner or Co-operative (Tick applicable block)	Company	☐	Close Corporation	☐
	Partnership	☐	Sole owner	☐
	Co-operative	☐		
Registered name of applicant or				
Trading name of applicant				
Registration number				
VAT Registration number				
FULL NAMES AND I.D. NUMBERS OF Directors of a Company or a Co-operative, Members of a Close Corporation, Partners of a Partnership or Sole Owner				
Physical address of business				
Postal address of business				
Telephone number Fax number E-mail address				

I hereby undertake to honour the terms and conditions as contained in the Constitution and Rules of the Institute, which are in force now and may be amended from time to time.

SIGNATURE OF AUTHORISED APPLICANT **DATE OF APPLICATION**

Admitted _____ Member. Executive Meeting: _____

PRESIDENT: _____ **SECRETARY**: _____

For official use

Entered in Register: _____ Membership Card: _____ Certificate issued: _____