

**Company / Institution Name**

Membership Type - University or recognized learning institution (Membership R500 pa/ representative)   
 Please check appropriate box Consultant or individual (Membership R 1000 pa)

Company with turnover < R 5 mil. (Membership R 2500 pa / representative)

Company with turnover R 5 mil. - R 35 mil. (Membership R 5000 pa / representative)

Company with turnover > R 35 mil. (Membership R 10 000 pa / representative)

Phone  Fax

Email  Website

Street Address

Postal Address

City  Province  PO Code

Registration  VAT

Please attach documentation where applicable.

## Representative Details

Representative Name

M / F  DOB  Cell

Email

Home Address

City

Province  PO Code

Representative Name

M / F  DOB  Cell

Email

Home Address

City

Province  PO Code

Thank you for completing your application. Please note successful granting of membership is subject to compliance with the SABO Constitution and SABO board approval. You will be notified of successful application and provided with a certificate of membership.