



South African Bioproducts Organisation

SABO MEMBERSHIP APPLICATION

COMPANY / INSTITUTION INFORMATION

Name:						
Phone:		Alternative contact number:		Website:		
Postal address:						
City:		Province:		Postal Code:		
Physical address:						
City:		Province:		Postal Code:		
Company Registration Number:				VAT Registration Number:		
Accounts person:				Accounts email:		

MEMBERSHIP TYPE (CHECK APPROPRIATE BOX)

Type of Membership	Fee per Annum	Checkbox
University or recognized learning institution	R 1 000	<input type="checkbox"/>
Consultant or individual membership	R 2 000	<input type="checkbox"/>
Company with turnover < R 5 million	R 5 000	<input type="checkbox"/>
Company with turnover R 5 mil - R 35 million	R 10 000	<input type="checkbox"/>
Company with turnover > R 35 million	R 20 000	<input type="checkbox"/>

REPRESENTATIVE INFORMATION – MAIN REPRESENTATIVE

Name:				Date of birth:			
Physical address:							
City:		Province:		Postal Code:			
Phone:		E-mail:		Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>

REPRESENTATIVE INFORMATION – REPRESENTATIVE 2

Name:				Date of birth:			
Physical address:							
City:		Province:		Postal Code:			
Phone:		E-mail:		Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>

REPRESENTATIVE INFORMATION – REPRESENTATIVE 3

Name:				Date of birth:			
Physical address:							
City:		Province:		Postal Code:			
Phone:		E-mail:		Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>

SIGNATURES

I hereby verify the information provided on this form as accurate.

Signature of applicant:				Date:			
-------------------------	--	--	--	-------	--	--	--

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.

SABO BANKING DETAIL

Standard Bank . Msunduzi Branch . Acc No: 332534669