

## SABO MEMBERSHIP UPDATE

### 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)

### MEMBERSHIP CATEGORY (CHECK APPROPRIATE BOX)

Type of Membership:	Annual Fee:	Manufacturers	
University or recognized learning institution	R 1 000	Distributors and Marketers	
Consultant or individual membership	R 2 000	Users of Bioproducts	
Company with turnover < R 5 million	R 5 000	Academics and Researchers	
Company with turnover R 5 mil - R 35 million	R 10 000	Representatives and consultants in the industrial and food retail industries	
Company with turnover > R 35 million	R 20 000	Other entities or individuals who have an active or vested interest in promoting the Industry	

### REPRESENTATIVE INFORMATION – MAIN REPRESENTATIVE – VOTING MEMBER/REPRESENTATIVE

Name:		Date of birth:	
Physical address:			
City:	Province:	Postal Code:	
Phone:	E-mail:	Male:	Female:

### REPRESENTATIVE INFORMATION – REPRESENTATIVE 2

Name:		Date of birth:	
Physical address:			
City:	Province:	Postal Code:	
Phone:	E-mail:	Male:	Female:

### REPRESENTATIVE INFORMATION – REPRESENTATIVE 3

Name:		Date of birth:	
Physical address:			
City:	Province:	Postal Code:	
Phone:	E-mail:	Male:	Female:

### SIGNATURES

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

Signature of applicant:	Date:
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*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