

APPLICANT INFORMATION			
Applicant Name:			
Company:			
Phone:		Website:	
Postal address:			
City:		Postal Code:	
Physical address:			
City:		Postal Code:	
Company Registration Number:		VAT Registration	
MEMBERSHIP TYPE (CHECK APPROPRIATE BOX)			
Type of Membership	Fee per Annum (payable within 90 days from invoice date)	Select	
Student (proof of registration required)	R 550, 00		
Individual Membership - Academic / Grower / Individual Consultant / Journalist (< 2 employees)	R 2 200, 00		
University / Recognized learning institution / Research institute	R 3 800, 00		
Consulting / Grower association / Media organization / Trialist (CRO) / Laboratory (≥ 2 employees)	R 3 800, 00		
Manufacturer / Distributor / Retailer / Other company with turnover < R 5 million	R 6 750, 00		
Manufacturer / Distributor / Retailer / Other company with turnover R 5 million - R 35 million	R 13 500, 00		
Manufacturer / Distributor / Retailer / Other company with turnover > R 35 million	R 27 000, 00		
Manufacturing/Distributor/Retailer/Other company (non-turnover disclosure)	R 27 000, 00		
WORKING GROUP INVOLVEMENT (CHECK ONE / MORE APPROPRIATE BOX/ES)			
Marketing WG			
Regulatory WG:			
- General			
- Microbial			
- Macrobial			
- Semiochemical			
- Inoculants			
- Plant extracts			
- Biostimulants			
- General data requirements guideline			
CONTACT INFORMATION – Main representative			
Name:			
Email:			
Office Number:		Cellphone Number:	

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

ACCOUNTS INFORMATION – for invoicing and accounts-related matters			
Responsible Person:			
Physical address for invoicing:			Postal Code:
Contact Number:		E-mail:	
MARKETING REPRESENTATIVE			
Name:			
Email:		Cellphone Number:	
REGULATORY REPRESENTATIVE			
Name:			
Email		Cellphone Number:	
SIGNATURE			
I hereby verify the information provided on this form as accurate.			
Signature of applicant / representative:			Date:

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