*MEMBERSHIP FORM - (NEW MEMBERSHIPS AND RENEWALS)*

**Personal Information Required**

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| **TITLE** | **ID/ PASSPORT/PERMIT NUMBER :** | |
| **FIRST NAMES** | **DATE OF BIRTH: / /** | |
| **SURNAME** | **CELL NUMBER:** | |
| **POSTAL ADDRESS : POSTAL CODE:** | | |
| **PHYSICAL ADDRESS: POSTAL CODE:** | | |
| **PROVINCE : CITY:** | | |
| **HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OR HAD YOUR MEMBERSHIP TERMINATED BY ANY CLUB, ASSOCIATION, FEDERATION or ANY OTHER ENTITY? IF YES, PLEASE STATE THE CIRCUMSTANCES USING A SEPARATE PAGE.** | | **YES/NO** |

**Academic and Professional Qualifications Information Required**

*Please, Send copies of your Qualifications**(If Foreign Qualification, SAQA evaluation required, please)*

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| **QUALIFICATION TITLE** | **GRANTING INSTITUTION** | **COUNTRY** | **YEAR** |
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**Occupational Information Required**

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| **OCCUPATION :** |
| **COMPANY NAME :** |
| **WORK PHYSICAL ADDRESS : POSTAL CODE:** |
| **WORK POSTAL ADDRESS : POSTAL CODE:** |
| **PROVINCE : CITY:** |
| **WORK EMAIL ADDRESS :** |
| **WORK TELEPHONE CONTACT : WORK MANAGER’S NAME :** |

**Membership Application Required**

**(All fees are payable in January. Our membership year is 1st Jan to 31st Dec)**

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| **Category** | **Your choice (x)** | **Full Year** | **Half year**  **(from 1st July)**  ***Only applicable***  ***to new members*** |
| **SAMDDRA AFFILIATE MEMBER** |  | ---------- | ----------- |
| **SAMDDRA ORDINARY MEMBERSHIP** |  | R850.00 | R510.00 |
| **SAMDDRA TECHNICAL MEMBERSHIP** |  | R950.00 | R570.00 |
| **COMPULSORY INDIVIDUAL VETTING COST (New Members only)** | | | R……..00 |
| **AMOUNT PAID WITH APPLICATION *(NON REFUNDABLE UNLESS MEMBERSHIP DECLINED, PLEASE)*** | | | **R** |

I, (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby apply for membership to the voluntary organisation named South African Mobile Devices Distributors and Repairers Association (SAMDDRA) and declare herewith that the above information is true and accurate. I understand that the SAMDDRA may be required by law to submit the above information to Governmental or Regulatory organisations. I have also read and understood SAMDDRA’s Constitution and agree to abide by the contents therein.

**SAMDDRA Bank Details**

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| **BANK NAME :** FIRST NATIONAL BANK (FNB) |
| **BRANCH NAME :** CARLSWALD **BRANCH CODE :** 250655 |
| **ACCOUNT NUMBER :** 62860402371 **SWIFT CODE (Int.) :** FIRNZAJJ |

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| **Terms:**  *-All applications for membership are subject to approval by the SAMDDRA Board of Directors.*  *-Receipt of membership fee does not constitute acceptance of membership by the SAMDDRA.*  *-Membership is automatically renewed on annual basis from 1st of January every year.*  *-Should a member let their membership lapse without notice, resign or cancel it, re-joining follows the same route and processing time as for any new member.* |

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| **Signature of applicant :** | **Date** : |

Please, sign and send back to [*members@samddra.org.za*](mailto:members@samddra.org.za)

FOR OFFICE USE

**Membership Application Assessment**

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| --- | --- | --- | --- |
| **Category** | **Approved** | **Declined** | **Date** |
| **SAMDDRA AFFILIATE MEMBERSHIP** |  |  |  |
| **SAMDDRA ORDINARY MEMBERSHIP** |  |  |  |
| **SAMDDRA TECHNICAL MEMBERSHIP** |  |  |  |
| **MEMBERSHIP NUMBER :** | **BRANCH NAME : BRANCH NUMBER :** | | |
| **ANY MEMBERSHIP REMARK/EXCEPTION** |  | | |
| **IF ANY OPTION DECLINED, GIVE REASON** |  | | |