

MEMBERSHIP APPLICANT CONTRACT

APPLICANT INFORMATION

Full Names:		
Identity Number:	D.O.B:	Phone:
Current address:		
City:	Cell 1:	Email:
Designation:	Cell 2:	Date:

BUSINESS INFORMATION

Name Of Company:		Cell Number:	
Business address:			Duration of company:
Phone:	E-mail:	Bank	Medical Aid
City:	Province:	VAT No:	
Designation:	Number of staff:	Registration No.:	

BUSINESS & CONTACT DETAILS:

Type of Industry :		
No of Branches:		Phone:
Manager Name:	Contact Details:	Email:
Names of contact persons	Contact Numbers	

ACCOUNTS

Name of persons responsible for payments:	Designation	
Contact No:	email:	

TERMS & CONDITIONS

I / We hereby apply to be accepted as a Member of the Roodepoort Chamber of Commerce & Industry, subject to terms and conditions of the constitution of the Roodepoort Chamber of Commerce & Industry (ROCCI) and undertake to observe and subscribe to ROCCI's Code of Ethics. I/We hereby understand that by undersigning this document you are signing a 24 month contract in and between yourself and the Roodepoort Chambers of Commerce & Industry.

FEES

Number of employees		Membership options (Please tick) the relevant	
Annual Membership		NPO Membership	Lady ROCCI Membership
Admin fee	R 300.00	Trade off Membership	ROCCI Membership
Total annual fee	R	Required documents to accompany application; Certified Company Letterhead, Bank Letter CIRPO, Id Documents SARS/ VAT number.HR Decree of amount of staff TAX invoice will only be processed once all of the above is received.	

CONTRACTS

_____(Company Name) agree to an initial 24 month membership contract with the Roodepoort Chamber Of Commerce & Industry. Membership will automatically renew annually 30 days before the anniversary date. Fees are due and payable on invoice. Any membership cancellation (after initial two year membership) will only be accepted if 30 (thirty) days prior to the termination (anniversary) on a formal cancelaation application letter requested from the Chamber. No email/verbal or other forms of cancelaation will be accepted. All fees/balances and POP must be submitted with the formal cancelaation letter rendering your balance R0.00-No exceptions.

Signed at: _____ on this ___ day of _____ 20__	Date:	
Full names:	Designation	Signature