CHAMBER OF BUSINESS BESIGHEIDSKAMER



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MEMBERSHIP APPLICATION FORM 2016/2017				
Name of Company:				
VAT Number:				
Name of Owner:				
Number of employees (in	cluding owner)			
Sector:				
Postal Address:				
Physical Address:				
Contact person – Market Office contact number:	ing:			
Cell number:				
e-mail address:				
Contact person – Finance				
Office contact number:				
Cell Number:				
e-mail address:				
Via which communicati	on channels wo	ould you like to receive informat	ion? Please indicate below	
E-mail	Fax	Telephone	SMS	

Welcome to the Wesvaal Chamber of Business! We trust that our relationship will be long and fruitful.

Please help us make this **Your Chamber**, by regular communication, feedback, suggestions and participation

The Wesvaal Chamber of Business receives a vast amount of information on a daily basis. Much of this information is passed on to members and non-members by e-mail. In addition to this we can forward information specific to your tastes and needs on an ad-hoc basis.

Employees + Owners	Rate
1-5	750.00
6 – 15	1300.00
16 – 50	1850.00
51 – 100	2400.00
101 – 149	2950.00
150-199	3500.00
200+	4050.00

MEMBERSHIP AUTOMATICALLY RENEWED AT THE END OF SUBSCRIPTION YEAR UNLESS WRITTEN CANCELLATION IS RECEIVED.

Please e-mail completed form back to us.

Signature	Date	
Banking details for electronic transfer: WESVAAL CHAMBER OF BUSINESS	Invoice No	
NEDBANK KLERKSDORP	Method of payment: Cash Cheque Electronic Transfer	
ACC NO 1741 270 952		
CODE 17 41 38		
Business name as reference	Electronic transfer	

Applications for membership have to be approved by the Executive Committee of the Wesvaal Chamber of Business.

The Wesvaal Chamber of Business maintains the highest ethical standards and your signature will bind you to the same standards and the Chamber's Constitution.

Please contact me should you require more information

Regards

Mr Sanele G Makinane
Chief Executive Officer
Wesvaal Chamber of Business

Tell: +27184683750 - Cell: +27810767146