



Southern African Gas Association NPC
PostNet Suite 141
Private Bag X04
Fontainebleau
2032

Telephone: +27 (0) 11 431 2016
Facsimile: +27 (0) 86 525 3415

APPLICATION FOR MEMBERSHIP OF SAGA

The business by the name of _____, hereby applies to become a member of SAGA;

BUSINESS DETAILS: *(all fields are mandatory)*

Business (Trading) Name	
Business Registration No.	
VAT Reg. No.	
Postal Address	
Physical Address	
Tel No	
Fax No	
Website Address	

NOMINATED REPRESENTATIVE: *(Only this person is entitled to vote on behalf of the business - all fields are mandatory)*

Name of Nominated Representative	
ID Number	
Tel No	
Fax No	
Cell No	
E-mail Address	

DETAILS OF CEO, MD or SECTION 16 APPOINTEE: *(all fields are mandatory)*

Name and Surname	
E-mail Address	

Describe in brief the business' focus area(s) or attach a business profile

PLEASE ✓ applicable to the level of operations indicating core business or focus areas:

- Type of Industry operating in
- | | | | |
|---|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Domestic/Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Specialised |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Importer | |
| <input type="checkbox"/> Supplier/Distributor | <input type="checkbox"/> End User | <input type="checkbox"/> Other _____ | |

MEMBERSHIP PACKAGE

Indicate which membership package suits your business needs (fee excludes VAT):

- | | | | | |
|---|--|---|---|---|
| 1 flame
R2 100
<input type="checkbox"/> | 2 flames
R4 200
<input type="checkbox"/> | 3 flames
R11 300
<input type="checkbox"/> | 4 flames
R23 000
<input type="checkbox"/> | 5 flames
R45 800
<input type="checkbox"/> |
|---|--|---|---|---|

I hereby confirm that

1. I hereby grant permission to SAGA to publish required business information on its website and newsletters
2. I have also read, signed and clearly understand the content of the following (available from website):
 - a. Antitrust Policy and Meeting Rules
 - b. Membership Structure
 - c. Members Code of Ethics

NAME _____

DATE _____

SIGNATURE _____

Membership fees, will be charged annually for the period January to December of every year

Fax Completed application to 086 525 3415

OFFICE USE ONLY:

APPROVAL BY BOARD _____

DATE _____

MEMBERSHIP NUMBER _____

INVOICE _____

COMPANY REPRESENTATIVE(S): *(see membership model for number of representatives allowed)*

Name of Representative 1	
Tel No	
Fax No	
Cell No	
E-mail Address	

Name of Representative 2	
Tel No	
Fax No	
Cell No	
E-mail Address	

Name of Representative 3	
Tel No	
Fax No	
Cell No	
E-mail Address	

Name of Representative 4	
Tel No	
Fax No	
Cell No	
E-mail Address	