



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)*

<b>Name and Surname</b>	
<b>E-mail Address</b>	

**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):**

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

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**OFFICE USE ONLY:**

**APPROVAL BY BOARD** \_\_\_\_\_

**DATE** \_\_\_\_\_

**MEMBERSHIP NUMBER** \_\_\_\_\_

**INVOICE** \_\_\_\_\_

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

<b>Name of Representative 1</b>	
<b>Tel No</b>	
<b>Fax No</b>	
<b>Cell No</b>	
<b>E-mail Address</b>	

<b>Name of Representative 2</b>	
<b>Tel No</b>	
<b>Fax No</b>	
<b>Cell No</b>	
<b>E-mail Address</b>	

<b>Name of Representative 3</b>	
<b>Tel No</b>	
<b>Fax No</b>	
<b>Cell No</b>	
<b>E-mail Address</b>	

<b>Name of Representative 4</b>	
<b>Tel No</b>	
<b>Fax No</b>	
<b>Cell No</b>	
<b>E-mail Address</b>	