

SOUTH AFRICAN FRUIT JUICE ASSOCIATION

Registered in terms of Non-Profit Organisations Act, 1997 (Act 71 of 1997) Reg. No. 122-886

Tel: +27 21 872 4145 • **Fax:** +27 870 2915 • **E-mail:** <u>info@safja.co.za</u> **Address:** SAFJA, P.O.Box 2641, Paarl, 7620 • **Website:** www.safja.co.za

APPLICATION FOR ASSOCIATE MEMBERSHIP

Please type details in space provided

Name of company:			
Business description:			
Company representative:			
Position:			
Cell:			
Email:			
Company registration number:			
VAT Number:			
Postal address:			
Company contact details			
Tel:			
Fax:			
E-mail:			
Website reference:			
I,	n to make app on will only be cs Statement of th the applica th the applica porting sched is amount mu ciate Member the applicat	e finally accepted once the f must be signed by the most s tion; tion; ules an invoice will be issued st be deposited in the Bank of the Association will be is ion process, and in due of	ership of following senior doubt to the Account ssued to
Signed at on a	the da	y of	20
Name:	Position:		
Signature:			