



MEMBERSHIP APPLICATION FORM

I hereby wish to make application to the South African Business Council (“**SABCo**”) for membership and in making this application agree to abide by the Constitution of SABCo and Regulations laid down by the Committee from time to time.

Please indicate which membership you require:

- | | |
|--|--------------|
| <input type="checkbox"/> Individual Membership | AED 300 /a |
| <input type="checkbox"/> Bronze Membership | AED 2000/a |
| <input type="checkbox"/> Silver Membership | AED 5000/a |
| <input type="checkbox"/> Gold Membership | AED 12 000/a |
| <input type="checkbox"/> Platinum Membership | AED 35 000/a |

Please enter your details / company details below:

Title: _____ Surname: _____ Forenames: _____

Citizenship: _____

Company Name: _____

South African Affiliation: YES NO

Postal Address: _____

E-mail: _____ Mobile: _____

Telephone: _____ Fax: _____

Notes on Completion:

1. Please complete all sections of the form in block letters, sign and return to SABCO Administration – Membership together with your payment
2. Banking Details - Emirates NBD, Current Account No 1011086261601, Deira Branch
3. Cheques should be made payable to “South African Business Council”
4. Bronze, Silver, Gold and Platinum Members, please complete the attached representative forms per nominated member.

Date: _____

[Affix company stamp]

**Signature of Applicant/ duly authorized
representative of applicant**

Name: _____

Designation: _____



REPRESENTATIVE APPOINTMENT FORM

We,

being a Bronze / Silver / Gold / Platinum Member hereby nominate for appointment the following representative:

Title: _____ Surname: _____ Forenames: _____

Company: _____

Citizenship: _____

Postal Address: _____

E-mail: _____

Telephone: _____ Fax: _____

Mobile: _____

Notes on Completion:

1. Please complete all sections of the form in block letters, sign and return to SABCO Administration – Membership.
2. A separate form should be completed for each representative.

I, the undersigned party hereby agree to abide by the Constitution of the South African Business Council and Regulations laid down by the Committee from time to time.

Date: _____

[Affix company stamp]

**Signature of Applicant/ duly authorized
representative of applicant**

Name: _____

Designation: _____