



## MEMBERSHIP FORM

### Part A (To be completed by applicants for individual membership)

Surname: ..... First Name: .....

ID No.: ..... Name of company: .....

*Individual membership will be R100 per year*

### Part B (To be completed by organizations, associations and groups)

Name of organization/association/group: .....

Size of organization / association / group (please tick one only):

1 -25  26 – 50  51 – 100  101 – 150  More than 151

Type of organization (please tick one only):

Transport operator  Commuter organization  Public transport entity

Non-governmental organization (NGO)  Community based organization (CBO)

Other (please specify).....

Details of Chairperson / CEO: .....

*Group membership will be R1,000 per year*

### Part C (To be completed by ALL applicants)

Telephone number: ..... Cell phone number: .....

Fax number: ..... E-mail address: .....

Postal address: ..... City/town: .....

Postal Code: ..... Province: .....

Geographical area of operations (please tick relevant areas)

SADEC countries  Nationwide in SA  Gauteng  Mpumalanga   
Kwa-Zulu Natal  North West  Limpopo  Western Cape   
Northern Cape  Eastern Cape  Free State

Area of interest (please tick relevant areas)

Public Transport: Busses  Taxis  Rail  Maritime  Aviation

Freight: Road  Rail  Maritime  Aviation

Other: Transport logistics  Scholar Transport  Infrastructure

Any Other: (Please specify): .....

I ..... hereby declare that all the information given above is true and binding to me. I understand that I can terminate my membership with SANWIT at any time, as long as I notify them in writing. I also understand that I have joined the network voluntarily. Therefore, in the event of my resignation at any given time, I shall not be refunded or reimbursed for my membership contribution.

Signature:.....

Date: Day / Month / Year

**Please pay the membership fees into the SANWIT bank account**

**ABSA Oakdene Account number: 91-9258-0581 Branch code: 632005**

**And fax proof of payment to 012 309 3979**

FOR OFFICE USE ONLY: MEMBERSHIP NR: ..... DATE RECEIVED: .....

AMOUNT PAID: ..... RECEIPT No.: ..... SIGNATURE: .....

INDIVIDUAL MEMBERSHIP

GROUP MEMBERSHIP