

SACRRA AFFILIATE MEMBERSHIP APPLICATION



Name of company or organisation	
Trading name	
Postal address	
Physical address	
Telephone number	
Fax number	
*Company registration number (Optional)	
*VAT registration number (Optional)	
Name of SACRRA Full, Group or Associate member on whose behalf data will be accessed (a signed Access Authorisation Form will need to accompany this application)	

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TO THE MANAGEMENT COMMITTEE OF SACRRA

Having acquainted ourselves with the Constitution of SACRRA, it's aims and the Association's Code of Conduct for members, we hereby apply for Affiliate Membership of the Association.

Our business details and any other supporting documentation is provided on the understanding that any of these shall remain confidential to the SACRRA office and Executive Director of the Association, if we so request.

Signed for and on behalf of the Applicant

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Name of signatory:

Title of signatory:

Our appointed representative is

Name:

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Title:

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Tel No:

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Fax No:

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Cell No:

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E-mail Address:

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Our alternative representative is

Name:

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Title:

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Tel No:

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Fax No:

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Cell No:

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E-mail Address:

Please submit a short description / profile of your business / organisation