

ERASA MEMBERSHIP APPLICATION FORM:

Company Name: _____

Company Registration Number: _____

I am applying as a: Full Corporate Member

Region/s of business *(please list the metropolitan and local municipalities wherein you conduct your business operation)*

Are you a registered business? Yes / No

Contact Name: _____

Telephone: _____

Mobile: _____

Email address: _____

Website: _____

Postal Address:



P O Box 868 Ferndale 2160
Tel: 011 061 5000
Email: erasa@vdw.co.za

Hurlingham Office Park, 59 Tel:
Woodlands Ave, Sandton 2191
Web: www.erasa.org.za

Physical Address:

City: _____

Province: _____

Postal Code: _____

General Information *(in no more than 1000 characters, tell us about your company. This information will be used when our website is developed and your company logo and brief description advertised on our website)*

* With submission of this membership form please email us an electronic copy (JPG/PDF/GIF format) of your company logo *



MEMBERSHIP FEES

- Annual membership fee is R 5, 870.00 (ERASA is not registered for VAT)
(ERASA is not registered for VAT).
- On receipt of this completed form, an invoice will be forwarded to you for payment. Please use your company name / invoice number as reference on the payment.

BANKING DETAILS

Bank: ABSA Bank

Branch: Randburg (632005)

Account Number: 930 055 1554

Account Name: ERASA

ACKNOWLEDGEMENT AND DECLARATION OF MEMBERSHIP

I accept the ERASA Constitution and Code of Conduct and will perform and execute my business operations as an electricity reseller and / or administrator in accordance with the Code-of-Conduct of ERASA.

Signature: _____

Full Name: _____

Designation at Company: _____

Date: _____