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## APPLICATION - SAFA ASSOCIATED MEMBERSHIP

Company Name:	
Owner Name:	
VAT No:	
Contact Person in Office:	
Tel No of Office:	
Fax No :	
Cell no of Contact in Office:	
E-mail of Contact in Office:	
Postal Address:	Physical Address:
Admin Fee:	R100.00 Only payable when registered
Banking Details:	Bank: <b>FNB</b> Account Name: <b>SA Voerkraalvereniging</b> Account no: <b>545 061 88109 Current Account</b> Branch code: <b>252 445</b>
Associated Membership:	R28 875.00 per annum (Excl. VAT) subject to the stipulations in the SAFA Constitution. R 33 206.25 (VAT Incl.)

I / We hereby apply for Associated Membership of the SA Feedlot Association.

\_\_\_\_\_  
Authorised Signature.

\_\_\_\_\_  
DATE.