



Co. Reg. No.: 2001/010299/08
PBO Ref. No. 18/11/13/3098

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APPLICATION FOR MEMBERSHIP

I/We apply to be admitted as a member of the South African Business Coalition on HIV/AIDS. I declare that I have the authority to act on behalf of and to bind the applicant, and that, if admitted as a member; the applicant will be bound by the Constitution, Rules and Regulations of SABCOHA in operation during the term of membership.
Attached is proof of payment for the amount of R

1. Name of business applying for membership
2. State whether a: Company Close Corporation Sole Proprietor NGO
3. Company/Close Corporation/NGO Registration No:
4. VAT Registration Number:
5. Trade name (If different from the above):
6. Street address:
..... Code:
7. Postal Address: Code:
8. Tel: Fax:
Cell:
- E-Mail: Website:
9. Name and contact details of CE, CEO or Managing Director, whichever is applicable:
.....
10. Main contact person & position :
11. Name of branches and/or wholly owned subsidiary companies to be included under this membership
.....
12. Description of Business, briefly describe the main activities of the business:
13. Total number of employees (include staff of all companies and branches to be covered by membership)
14. Do you employ contract employees? If yes, permanent or periodic?
15. How were you introduced to SABCOHA?
 Existing member SABCOHA Rep. Other (specify)

Membership Categories – per annum

Membership Recognition Category	Amount (incl. VAT)
▪ Platinum (R200,000 and above excl. VAT)	
▪ Gold (R120,000 – R199,999 excl. VAT)	
▪ Silver (R60,000 – R119,999 excl. VAT)	
▪ Bronze (R12,001 – R59,999 excl. VAT)	
▪ Small and Medium Enterprises (R12,000 excl. VAT)	
▪ Micro Enterprises (R1,200 excl. VAT)	

15. Method of payment:

Electronic Bank Transfer *this option only applies with hand delivery* Cheque Cash

16. SABCOHA banking details:

Bank: Standard Bank
 Branch: Rosebank
 Branch Code: 004305
 Account Number: 002006189
 Account Name: SABCOHA
 Account Type: Current Account
 Reference: *Your Company Name or SABCOHA Invoice No.*

17. Can we include your organization in our Newsletter distribution ? Yes / No

18. In which Provinces do you have business operations ?

Gauteng	North-West	Northern Cape	Western Cape	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	Limpopo	National

19. Name of authorized signatory:

Position held:

SIGNATURE: Date:

Terms of Membership

- *Membership fees attract VAT.*
- *Membership means renewable annual financial contributions for the collective effort and achievement of organizational objectives. Members can formally participate in organizational structures and influence the organizational priorities.*
- *As a Public Benefit Organization SABCOHA has been approved for purposes of Section 18A(1)(a) of the Income Tax Act and donations to the organization will be tax deductible in the hands of the donors.*
- *Membership is effective from the moment we receive a completed membership application form together with proof of payment of the fees.*
- *Membership fees are renewable annually. SABCOHA's financial year runs from March to February.*
- *Termination of membership to be communicated in writing, six months prior to the end of SABCOHA's financial year-end.*