

CORPORATE MEMBERSHIP APPLICATION FORM

SAAHSP CORPORATE MEMBERSHIP APPLICATION FORM			
Business Name	<input type="text"/>		
*Owner's Name	<input type="text"/>	Contact person	<input type="text"/>
<i>Please specify who the main contact will be.</i>			
Physical Address	<input type="text"/>		
Code	<input type="text"/>	Province	<input type="text"/>
*Registration No	<input type="text"/>	* VAT No	<input type="text"/>
		SDL No (if applicable)	<input type="text"/>
*Contact No	<input type="text"/>	Cell No	<input type="text"/>
*Email Address :	<input type="text"/>		
Website Address	<input type="text"/>		
*Do you offer training?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
*Do you Supply Equipment?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
CORPORATE CPD Programs	Are you applying for SAAHSP endorsed training? If yes, information will be emailed to above <input type="checkbox"/> Yes <input type="checkbox"/> No		

What is the nature of your business?	
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CONSENT TO COLLECT AND PROCESS PERSONAL INFORMATION

SAAHSP collects Personal Information from when you register with us as a member. We will only use this information to carry out the processes for the purpose for which you registered with us in terms of our Privacy Policy. We will protect your Personal Information in accordance with our Policy and the provisions of the Protection of Personal Information Act, 2013 (South Africa). If you agree, we will use your information to send marketing information to you.

Personal Information will be protected in accordance with the conditions contained in the Protection of Personal Information Act, 2013 (South Africa).

For more information explaining how we use your Personal Information please see our Policy available at www.saahsp.co.za

By signing this application form, you consent to SAAHSP collecting and processing your Personal Information in accordance with our Privacy Policy.

Signature of Applicant

Date

Decla
ration
: I

hereby agree that the above information is correct and authentic.

Declaration: I hereby agree that the above information is correct and authentic.

I wish to apply for corporate membership and do solemnly declare that if Membership is granted, I will observe all conditions of Membership and adhere to Conduct and Ethical Rules and Regulations and will conduct myself honorably in my profession and maintain the dignity and welfare of SAAHSP at all times.

Signature of Applicant

Date