



MEMBERSHIP APPLICATION FORM

MEMBER NUMBER

17100_____

INDICATE WHICH CORPORATE PACKAGE YOU WISH TO APPLY FOR

FOUR FACES BLUE (PREPAID) ☐

FOUR FACES BLACK (CONTRACT) ☐

Please Print In Capital Letters Or Tick Where Applicable

CORPORATE DETAILS

REGISTERED NAME			
TRADING NAME		REG YEAR	
REG NO.		No. of employees	
CONTACT PERSON:		Employment Levels.....	
Contact No.		Industry	
Email:		Sector:.....	
Physical Address		TURNOVER.....	
		BUDGET.....	
<u>TICK REQUIRED:</u> TEAM BUILDING, HR TRAINING, EMPLOYEE BENEFITS, CORPORATE HOLIDAYS, CONFERENCE, AWARDS AND PRIZES, STRATEGIC RETREATS, HOSPITALITY, EVENTS, CSR, EMPLOYEE BENEFITS, OTHER (SPECIFY)		Please Attach: Year Calendar Annual Budget	

Payment method	Cash	Direct Debit	Stop order	online	frequency (specify)	
Banking Details						
Name of Bank				Branch		
Account Number				Branch code		
Desired Monthly Premium						

I (we), the undersigned, hereby solemnly declare that the information provided in this application is correct.

The first payment is to be effected on the..... day of..... and the..... day of each month thereafter.

Signature 1..... Signature 2..... Date.....

Sales Details (for office use only)

To be completed by the sales representative

Full Name		Sales Consultant Code	
PRP		Narration	
Sharing Rep		Sales Consultant Code	

