



## **SOUTHERN AFRICA REVENUE PROTECTION ASSOCIATION**

### **Affiliate Membership Application - 2025**

#### **Benefits of being a member of SARPA:**

- Revenue Protection Training
- Revenue Recovery Survey
- Annual Industry Convention
- Regional Branch Meetings & Workshops
- Institutional Relations & Affiliations.
- Standardisation
- Affiliation as a Tender Qualification
- Monthly Newsletter
- Access to the SARPA website portal

#### **Membership Details:**

**Organisation Name:** \_\_\_\_\_

**VAT Registration No.:** \_\_\_\_\_

**SARPA Branch:** Please indicate the branch area in which your Organisation participates:

- |                                     |  |                                     |                                       |  |
|-------------------------------------|--|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Central    | <input type="checkbox"/> Eastern Cape  | <input type="checkbox"/> Gauteng    | <input type="checkbox"/> KZN          | <input type="checkbox"/> Limpopo       |
| <input type="checkbox"/> Mpumalanga | <input type="checkbox"/> Northern Cape | <input type="checkbox"/> North West | <input type="checkbox"/> Western Cape | <input type="checkbox"/> International |

**Affiliate Membership cost for 2025 is R 7 680.00.**

#### **Main Representative of your Company:**

**Title:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Phone Number: (W)** \_\_\_\_\_

**Fax Number: (W)** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**e-mail Address:** \_\_\_\_\_

**If you wish to nominate additional representatives, please attach a separate list with details as listed above.**

**Signature:** \_\_\_\_\_

*(By using your electronic signature, you hereby accept the terms & conditions of membership)*

**For more information, please contact the SARPA Secretariat on 011 061 5000.**

**Please email the completed form to [sarpaservices@vdw.co.za](mailto:sarpaservices@vdw.co.za)**

**Upon receipt of your Tax Invoice, you are kindly requested to pay the subscription fees stated.**