



## SOUTHERN AFRICA REVENUE PROTECTION ASSOCIATION

### SARPA Utility Membership Application Form - 2020

#### Benefits of joining the Association:

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

Member Utilities must be represented by a person duly authorized to do so, and a Utility may register as many of its divisions, sub structures or branches as Members as it may want to, provided that a Membership fee is paid for each Membership registration.

**As a guideline we suggest that utilities, like municipalities, register each of their branches / undertakings involved in activities related to SARPA (Electricity; Water; Finance, etc) as utility members. National organizations can register their regional branches as utility members.**

#### Membership Fee Structure:

Utility Member	Annual Subscription 2020
50 GW H	R 6 320
50 + GW H	R 6 850
250 + GW H	R 8 540
500 + GW H	R 13 450
2500 + GW H	R 30 850

Please complete the form below and e-mail it to [sarpaservices@vdw.co.za](mailto:sarpaservices@vdw.co.za)

An invoice will be emailed directly to the Main Representative.

**Confirmation of membership Category:**

Please indicate your appropriate membership subscription category by selecting the relevant option:

Utility Member	Annual Subscription 2020	Please Select Correct Option
50 GW H	R 6 320	
50 + GW H	R 6 850	
250 + GW H	R 8 540	
500 + GW H	R 13 450	
2500 + GW H	R 30 850	

**Confirmation of membership details:**

**Membership Details:**

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

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

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

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

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

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

- Cape Midlands     Eastern Cape     Free State     Good Hope     Highveld  
 KZN     Limpopo     Lowveld     Mpumalanga     International

**1. Utility Member Representative:**

**Member Utilities must be represented by a person duly authorized to do so.**

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

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

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

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

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

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

Your Utility can also have, at no extra charge a number of Associate Members that are staff members in your department/employ, who are not representing such a Utility Member, but who wish to participate in the activities of the Association and who are recommended by such a Utility organization to become and Associate Member.

Complete the section below to inform us of these individuals that need to be listed on our database:

**2. Associate Member 1:**

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

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

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

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

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

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

**3. Associate Member 2:**

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

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

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

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

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

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

**4. Associate Member 3:**

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

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

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

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

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

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

**5. Associate Member 4:**

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

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

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

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

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

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

If your Undertaking has more Associate Members than provided for, attach a list of the additional members including their details as listed above.  
For more information contact the SARPA Secretariat on 011 061 5000.