



SOUTHERN AFRICA REVENUE PROTECTION ASSOCIATION

SARPA Utility Membership Application Form - 2024

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 2024
< 50 GW H	R 7 665
50 + GW H	R 8 380
250 + GW H	R 10 395
500 + GW H	R 16 400
2500 + GW H	R 37 630

Please complete the form below and e-mail it to 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 2024	Please Select Correct Option
< 50 GW H	R 7 665	
50 + GW H	R 8 380	
250 + GW H	R 10 395	
500 + GW H	R 16 400	
2500 + GW H	R 37 630	

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.