



## SOUTHERN AFRICA REVENUE PROTECTION ASSOCIATION

### SARPA Utility Membership Application Form - 2025

#### 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 2025
< 50 GW H	R 8 010
50 + GW H	R 8 760
250 + GW H	R 10 865
500 + GW H	R 17 140
2500 + GW H	R 39 325

**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 2025	Please Select Correct Option
< 50 GW H	R 8 010	
50 + GW H	R 8 760	
250 + GW H	R 10 865	
500 + GW H	R 17 140	
2500 + GW H	R 39 325	

**Confirmation of membership details:****Membership Details:****Organisation Name:**

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**VAT Registration No.:**

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**Postal Address:**

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**City:**

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**Postal Code:**

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**Phone Number: (W)**

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**Fax Number: (W)**

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**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:**

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**First Name:**

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**Surname:**

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**Phone Number: (W)**

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**Fax Number: (W)**

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**Mobile Number:**

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**e-mail Address:**

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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.