



APPLICATION FOR MEMBERSHIP
OF
THE DAMPPROOFING & WATERPROOFING ASSOCIATION
OF SOUTHERN AFRICA

INDIVIDUALS

FULL NAMES:.....

ID NO:

TRADING NAME:.....

PHYSICAL ADDRESS:.....

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.....

POSTAL ADDRESS:.....

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TELEPHONE NO:.....

CELL NO:.....

FAX NO:.....

E-MAIL:.....

Products & Services provided:.....

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Date of Commencement of industry experience.....

COMPANIES

TRADING NAME OF ENTITY.....

COMPANY REG NO.....

VAT REG NO.....

DATE OF COMMENCEMENT OF BUSINESS.....

BUSINESS ADDRESS.....

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POSTAL ADDRESS.....

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TELEPHONE NUMBERS.....

FAX NO.....

E-MAIL ADDRESS.....WEB SITE.....

FULL NAMES, ID NO AND ADDRESSES OF ALL DIRECTORS, PARTNERS, MEMBERS OF COMPANY OR CC

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NAMES, ADDRESSES AND CONTACT NOS OF 3 CLIENTS

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NO OF EMPLOYEES – ADMIN/SALES.....ARTISANS.....

INDEMNITY INSURANCE POLICY NO..... AMOUNT.....

BANK.....BRANCH AND CODE.....

ACCOUNT NO.....

PRODUCTS AND SERVICES SUPPLIED.....

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I/We, the undersigned, being duly authorized to sign this application, do hereby apply for membership of the Damp-proofing & Waterproofing Association of Southern Africa.

I/We undertake to further the interests of the Association and to act fairly in our dealings with our clients and associates and to adhere to the Articles of Association at all times.

I/We undertake to pay all fees and subscriptions that become due on time and understand that failure to pay within 3 months of the due date will result in automatic cancellation of our membership of the Association.

Signed.....Designation.....

FULL NAMES.....

DATE.....

PAYMENT: ANNUAL(R3000)/R2500 for 2 or more branches/ entities)

Payment should be made by EFT, once acceptance has been granted, to the Association bank account – DWASA, Nedbank, Fourways Branch, Code168405 Account No1129193772