



SACBW Ref 021 2024: Form – Application for membership

<p><b>Affiliate membership</b></p> <input type="checkbox"/>	<p><b>*Based on MOU between SACBW and secondary organisation</b>  <b>* Member rates for events</b>  <b>* Access to information and knowledge</b>  <b>*Receive the newsletter monthly</b>  <b>*Receive Affiliated Member Certificate</b>  <b>*May enter for annual recognition awards (individual needs to join as full member to enter)</b></p>	<p>R200 pp annually unless MOU specifies a different agreement</p>
<p><b>Friends of SACBW (students)</b></p> <input type="checkbox"/>	<p><b>*Monthly newsletter</b>  <b>*Pay member fees for events</b>  <b>*One free advertisement on Sisterhood Facebook page per quarter</b></p>	<p>R199 per annum</p>

new application       Renewal of membership       corporate membership

**Please complete the following:**

Name	
Surname	
Title	
Date of Birth	
Company Name	
Nature of Business /Industry	
Position Held	
Business address	
Postal Address	
Business Birthday	
Contact no. work	
Mobile no	
E-mail address	
Who introduced you to the SACBW?	



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**Terms and Conditions:**

1. Membership runs from date of registration for 12 months and shall automatically be renewed each year.
2. The member must give **written notice** of one calendar month to terminate membership by sending a message to [admin@sacbw.org](mailto:admin@sacbw.org).
3. Members are not entitled to refunds when membership is terminated before the end of the term.
4. The individual membership costs are as follows: R 999 per annum or R 99-00 per month via debit order.
5. The annual membership fees are approved at the Annual General Meeting, which is usually held in October. Members will receive at least 60 days' notice of any changes.
6. **The member also agrees to adhere to "The SACBW Code of Conduct and Ethics" available on [www.sacbw.org](http://www.sacbw.org)**

*By signing this application for membership, I/we acknowledge that I/we are aware of my/our rights in terms of the Protection of Personal Information Act, no 4 of 2013 and I/we, in terms of section 11 of the said Act, give consent that my/our personal information may be processed in respect of section 9 of the said Act.*

***The parties agree to and record that this agreement for membership is concluded and signed***

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2024

Signature \_\_\_\_\_

PLEASE E-MAIL COMPLETED FORM WITH PAYMENT ADVICE TO: [admin@sacbw.org](mailto:admin@sacbw.org)



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## MEMBERSHIP PAYMENT AGREEMENT

Annual payment by EFT/Payfast: **SACBW National, Nedbank, 1058164813, branch code 198765**

Monthly payments – payable in advance. Please select the date for payment:

3rd

28th

### Debit order instruction

THE SOUTH AFRICAN COUNCIL FOR BUSINESS WOMEN (SACBW) OR CESSIONARY

I, \_\_\_\_\_ (full name) hereby authorise the entity **South African Council for Business Women** and/or its agents to collect by means of a debit order the amount of R99 per month from the account provided below in the name of the member and at the same bank or any other bank and that the moneys due be paid to the SACBW. All such withdrawals from my account by SACBW will be deemed as if signed by me personally. I understand that the amount that is authorised will be by an ABC Magnetic Tape System.

I further accept the following:

1. This authorisation may only be cancelled or withdrawn with a 30-day notice served to the SACBW.
2. I shall not hold the SACBW or any of its agents liable for any claim of any nature arising from the electronic debit or transfer or from any other cause following this authorisation, irrespective if such authorisation has been withdrawn or not.
3. In the event that the relevant account has insufficient funds to clear the debit order, I am aware and hereby agree that all administration, bank and other costs resulting from the returned debit order will be for my own account. In such a case the member will be informed of the rejection and the debit order will be doubled for the next month with a R10 additional administration cost.
4. I take the responsibility to ensure that sufficient funds will be in the account to clear the debit order or amounts as amended from time to time.

Account name	
Bank	
Branch	
Account number	
Account type	

I declare that the above information is true and that I am applying for membership with the SACBW. I will update my personal details when and if it changes, including my banking details.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 2024.

\_\_\_\_\_

Member