

Membership Application Form



A. Member Information

Name of Organisation or Individual:

Contact Person (if organisation):

Business Street Address (if organisation):

Suburb, Province: Postal Code:.....

Telephone: (H).....(W)..... (Cell).....

Fax Number: Email Address:

Website Address: Skype Address:

Specify Type of Business/Service/Profession:

Qualification(s):

Home Address:

Province, City and Postal Code:

B. Church Membership

Home Church:

Pastor's Name:

Pastor's Tel/Cell No:

Province, City and Postal Code:

Local Conference/Field:

C. Annual Membership Fees (Tick applicable category)

Individuals	Once off Annual Contribution	Monthly Debit Orders
When intending to start a supporting ministry	R600	R50
When intending to start a business	R600	R50
When in the employ of a business at non-managerial level	R600	R50
When in the employ of a business at managerial level	R660	R55
When in the employ of a business at executive level	R780	R65
When providing a professional/community service at entry level	R576	R48
When providing a professional/community service at management level	R660	R55
When providing a professional/community service at executive management level	R780	R65
Organisations		
For a supporting ministry	R660	R55
For a small business (2-9 employees)	R840	R70
For a medium sized business (10-25 employees)	R1 560	R130
For a large business (26-39 employees)	R2 040	R170
For a corporate company (40+ employees)	R3 600	R300

D. Statistical Information

Total employees including yourself:

Year operation began :

E. Payment Method (Tick Applicable Box)

Once-off Cash

Onceoff EFT

Debit Order

Payments payable to:

BANK - ABSA
 ACCOUNT NAME - ASI-SAU (Adventist-Laymen's Services & Industries)
 ACCOUNT NUMBER - 407 169 2759
 BRANCH CODE - 632005 Business Centre, Bloemfontein

Note:

- Payment is required prior to approval of membership
- ASI strongly encourages its members to use its debit order system

F. Please Return Your Completed Registration Form To:

ASI SAU Offices

Tel: + 27 46 645 2490

Fax: +27 46 645 1805

Email: president@asisauministries.org.za / admin@asisauministries.org.za

Signed at: _____ Date: _____

Signature: _____

FOR OFFICE USE ONLY

Date Received:	/ /	Amount Received:	
Registration Number:		Date Response Sent:	/ /

