

MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE AND e-mail to info@tia-sa.org

I/We, the undersigned: _____ (Member: Company Name) hereby confirm that I/We subscribe to become a member of the Tyre Importers Association of South Africa (TIASA). We undertake to: Comply with and abide by the TIASA Constitution; Adhere to the Code of Conduct of TIASA; Pay the Annual Membership Fee on or before the 1st of March of every year as stipulated in Clause 23.2 of the Constitution; Pay a once-off Joining Fee of R15 000.00 as agreed by the founding Members. Signed at ______ on this _____ day of _____ 20___ For:____ (Name of Company) Signature of Member (who warrants that he/she is duly authorised to sign the Entry Form) Name: Designation:



COMPANY INFORMATION

All information will be treated as strictly confidential

Company Registration No. (If member is a company):	Member Name:		
Physical address of the Company:	Company Registration No. (If member is a co	ompany):	
Registered address (if different to physical address): Postal address: Contact Person: Position:	VAT No:	Importers code (If applicable):	
Registered address (if different to physical address): Postal address: Contact Person: Position:	Physical address of the Company:		
Registered address (if different to physical address): Postal address: Contact Person: Position:			
Registered address (if different to physical address): Postal address: Contact Person: Position:			
Postal address: Contact Person: Position:			
Postal address: Contact Person: Position:			
Postal address: Contact Person: Position:	Registered address (if different to physical ad	ddress):	
Postal address: Contact Person: Position:			
Postal address: Contact Person: Position:			
Contact Person: Position:			
Contact Person: Position:	Postal address:		
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