

MEMBERSHIP APPLICATION FORM

Complete and return to shop-sa at PO Box 3226, Parklands, 2121, South Africa.
Alternatively fax to +27 11 880 1677. Telephone 011 880 1147 if you have questions.



1. BUSINESS DETAILS

Registered Business Name	Trading Name
Company/ cc Registration No	Vat No (South Africa Only)
Income Tax No	Type of Trading Entity (Pty, cc, Sole Proprietor, Etc)
Total number of Employees	No of Years in Business
Company Telephone NO	Website
Company Fax No	BEE Status in terms of government Code of Practice: Level 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>

Postal Address

2. NATURE OF BUSINESS

Please tick as appropriate:

- | | | |
|--|---|--|
| <input type="checkbox"/> Importer/ distributor | <input type="checkbox"/> Local manufacturer | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Commercial reseller | <input type="checkbox"/> Retail Shop | <input type="checkbox"/> National Retailer |
| <input type="checkbox"/> Related services | <input type="checkbox"/> End user (e.g. Buyer or procurement manager) | |

If your business has more than one branch/ store/ franchise please indicate how many:

.....

Briefly describe your primary business activity

3. PRIMARY DECISION MAKER (person who exercises company's vote at shop-sa AGM)

Title, First Name, Surname	Job Title
Email Address	Cell Phone No

4. DECLARATION (please tick each statement to confirm)

I agree to the terms of this 2-page application, confirm that all information provided is true and further confirm that I am empowered to make the following declarations on behalf of the applicant (please tick each block):

- The applicant will abide by the Constitution, Rules and Code of Ethics of the Association and any amendments or additional Codes as may be approved from time to time.
- The applicant does not engage in any illegal activities, including counterfeit goods and trademark infringements.
- The applicant complies with all legal and regulatory requirements including, for example, SABS safety standards and payment of duties, taxes and tariffs.
- The applicant does not knowingly deal in parallel (grey) products except where it has the express permission of the authorised distributor.
- The applicant will honour all trade agreements and guarantees offered in the course of business
- The applicant agrees that, in the event of a dispute with a customer or supplier that cannot be settled at management level, the customer or supplier may approach shop-sa to help resolve the matter. This does not preclude any other action available to the applicant
- I request to receive the shop-sa magazines due in terms of my membership category, until otherwise instructed.

Name and Job Title of the Authorised Person making this application

Signature Date

■ 5. DIRECTORS, MEMBERS OR OWNERS OF YOUR COMPANY (provide others on separate form if needed)

Title, First Name, Surname

Identity No

Title, First Name, Surname

Identity No

Title, First Name, Surname

Identity No

■ 6. SUPPLIER / TRADE REFERENCES

Name of Supplier

Contact

Telephone No

Name of Supplier

Contact

Telephone No

Name of Supplier

Contact

Telephone No

■ 7. SUBSCRIPTION FEES

1. **Categories:** Membership is available for companies and individuals involved or allied to the stationery and office products industry. Categories of subscriptions refer to the total number of full-time staff in the entire company.
2. **Individual subscription** is available to end users only (i.e. companies which buy from stationers or office products dealers). Benefits apply to the named person only, and not to any company or organisation. If you want your company to participate in benefits you must apply for Company subscription.
3. **Reseller with multiple outlets** incl. franchises and buying groups: A special subscription structure is in place for companies with more than one "outlet" (branch, franchise or buying group member etc). Enquire at 011 880 1147 or membership@shop-sa.co.za.
4. **shop-sa magazine:** Members receive free subscriptions to the magazine. Additional subscriptions can be negotiated.
5. **Votes:** Each member company may exercise one vote in person or by proxy at shop-sa meetings. Category B members receive votes equal to the total amount paid divided by the Category A subscription (rounded up).
6. **Fees:** Excluding V.A.T. The Membership/Administration Fee is a once-off non-refundable fee to cover the cost of your Membership and the application process. The full annual membership fee must be paid only when you have been accepted as a member, and a pro-rata portion is attributed as a pre-payment to the next membership year. (Please pay when an invoice is delivered). Membership fees are non-refundable. In addition you still need to pay an annual subscription fee, refer to the table below.

MEMBERSHIP RATES 2012			
Membership/Administration once off fee			745.00
Reseller/Manufacturers	Category A	Companies with only one store/distribution outlet	1495.00
	Category B	Discounts with multiple outlets	

■ 8. TERMS AND CONDITIONS

1. **Documents:** Please submit copies of the following with your application: Company registration certificate, Tax clearance certificate, Vat Certificate, Owners/ directors' ID Documents
2. **Payment:** Payment of the Administration Fee must accompany this application. On approval of this application a Tax Invoice will be issued and the full membership is payable within 30 days. Fees are not refundable. Membership rights lapse after three months of non-payment of subscriptions. You may deposit payment directly into the Association's bank account (Standard Bank Northcliff, Branch no 006305, Account no 20058 1082).
3. **NATIONAL CREDIT ACT 34 OF 2005 & CONSUMER PROTECTION ACT 68 OF 2008:** We, the customer hereby confirm that our asset value or annual turnover, as at the date on which an agreement is concluded with shop-sa herein and in terms of which we are extended credit: (*delete whichever is not applicable*) AND write in Annual Turnover amount in space provided:
 - a) Equals or exceeds R2 000 000.00 ; _____

Or
 - b) Equals or exceeds R1 000 000.00 but does not exceed R2 000 000.00 : _____

Or
 - c) Does not equal or exceed R1 000 000.00 ; _____

NB: The Customer / Applicant hereby expressly acknowledges and understands that the Annual Turnover amount is directly related to the threshold limits and protections offered by the National Credit Act and the Consumer Protection Act. Initial _____

4. **Your privacy:** shop-sa will record your details to keep you informed about general industry and association information including notices of events and training. From time to time this information may be shared with member companies or other reputable organisations where we believe it will be to your benefit. This information may also be placed in our published Member Directory or on our website. You have the right at any time to change your information or request that your information not be shared.
5. **Approval process:** In the interests of promoting an ethical and professional industry all applications for membership are subject to careful scrutiny. Your application will be communicated to members of the Association who have the right to object on reasonable grounds to membership being approved. Your trade references will be phoned for a reference and the company information you provide will may be checked with the relevant authorities. A credit reference will be obtained on the company, its directors, members or proprietors. shop-sa reserves the right to reject any application for membership (details of the approval process and requirements are available on request).
Should shop-sa approve your membership application then this Application will form the contract between the parties from the date of approval of membership.
6. **Probation:** All new Candidate Members serve at least a three month probation period before qualifying for full Associate Membership. During this period you are entitled to all Association benefits, but may not use the **shop-sa** membership logo.
7. **Termination:** You may terminate your membership at any time. Note that the membership fees are non-refundable.

■ FOR OFFICE USE

Approved By: _____

Signature: _____

Date: _____

Membership No: _____