



Association of Rotational Moulders of Southern Africa

PO Box 6966
Birchleigh
1621

Tel 082 562 4994
Fax 086 671 0991
E-Mail: info@armsa.co.za

ARMSA APPLICATION FOR MEMBERSHIP

NAME OF COMPANY:

CONTACT PERSON:

STREET ADDRESS:

CODE:

POSTAL ADDRESS:

CODE:

TEL NO: FAX NO:

E-MAIL ADDRESS:

WEBSITE ADDRESS:

VAT REGISTRATION NUMBER:

CATEGORY OF MEMBERSHIP APPLIED FOR (Tick the appropriate box)

Table with 3 columns: Membership Category, Moulder/Service Providers/Other, and a tick box. Rows include Regular Membership and Associate Membership.

DESCRIPTION OF ACTIVITIES / PRODUCTS MANUFACTURED:

Four horizontal lines for describing activities and products.

NUMBER EMPLOYED: ADMINISTRATION: PRODUCTION:

DATE OF APPLICATION: / / 20

Table with 3 columns: Question 'ARE YOU PREPARED TO BECOME ACTIVELY INVOLVED IN ARMSA?', YES, NO.

IF YES, WHAT IS YOUR PARTICULAR AREA OF INTEREST:

Two horizontal lines for describing area of interest.

SIGNATURE OF APPLICANT: DATE:

PROPOSED & ACCEPTED AT ARMSA COMMITTEE:

Table with 4 columns: Fee Structure, Membership Type, and Fee Amount. Rows include Rotomoulders (less/more than 50 employees) and Associate Membership.