GRASSLAND SOCIETY OF SOUTHERN AFRICA

APPLICATION FOR MEMBERSHIP

Institutes, Organisations and Companies

Please complete this form and email to admin@grassland.org.za or fax to +27(0)86 622-7576 or post to: PO Box 41, Hilton, Pietermaritzburg, South Africa, 3245, alternatively, complete the online application form on the Society website: [www.grassland.org.za/membership](http://www.grassland.org.za/membership)

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| **INSTITUTE DETAILS:** |
| **Registered Name:**  |  |
| **Trading Name:** |  |
| **Registration No:** |  | **VAT No:** |  |
| **Postal Address:** |  |
| **Physical Address:** |  |
| **Tel No:**  |  | **Fax No:** |  |
| **E-mail address:** |  |
| **Website:** |  |
| **Service/Product Description:** |  |
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|  |
| **PRIMARY REPRESENTATIVE INFORMATION:** |
| **Title:**  |  | **Initials:** |  | **First Name:** |  |
| **Surname:** |  |
| **Identity no.:** |  |
| **Postal Address:** |  |
| **Tel:**  |  | **Fax:** |  | **Cell:** |  |
| **E-mail address:** |  |
| **SECONDARY REPRESENTATIVE INFORMATION:** |
| **Title:**  |  | **Initials:** |  | **First Name:** |  |
| **Surname:** |  |
| **Identity no.:** |  |
| **Postal Address:** |  |
| **Tel:**  |  | **Fax:** |  | **Cell:** |  |
| **E-mail address:** |  |
| **MEMBERSHIP OF OTHER SOCIETIES** |
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On behalf of my Institute, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which wishes to become a Member of the Grassland Society of Southern Africa, I, the primary representative and undersigned, certify that the above statements are true and correct. If accepted for membership, my institute shall be bound by the Constitution of the Society and any amendment thereto.

Please enclose a copy of your Institute’s profile, plus copies of the *Curriculum vitae* of the representatives. If you wish to include more than two representatives, please provide the same information on a separate page.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PRIMARY REPRESENTATIVE DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PROPOSER SIGNATURE OF SECONDER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROPOSER (Print name) SECONDER (Print name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF SECONDARY REPRESENTATIVE DATE**

**DATE OF ACCEPTANCE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List the signatures and names of other representative/s below:**