



LYDENBURG/MASHISHING BUSINESS CHAMBER

MEMBERSHIP APPLICATION FORM

BUSINESS NAME		
FULL REGISTRATION NAME AND NUMBER OF BUSINESS		
VAT NUMBER		
FULL NAME OF DIRECTOR / MANAGER/OWNER		
TYPE OF BUSINESS eg. TRANSPORT, CONSTRUCTION, ETC		
NO. OF STAFF MEMBERS		
POSTAL ADDRESS		
PHYSICAL ADDRESS		
E-MAIL ADDRESS		
TEL NO.		
CELLULAR NO.		
FAX NO.		
Are you a member of KLCBT?	YES	NO
Is a resolution attached that authorizes you as representative?	YES	NO
Would you like to receive information e-mails from the Chamber secretaries?	YES	NO
Category	No. of Employees	Annual Fee
1	Religious Bodies/NGO/Schools	R180
2	Individual	R200
3	2-3	R360
4	4 –5	R665
5	6 – 10	R990
6	11 – 100	R1755
7	101 – 500	R3990
8	501 +	R6655

I HEREBY APPLY FOR MEMBERSHIP AND UNDERTAKE TO:

1. Observe all rules of the Chamber as laid down in the Constitution.
2. Pay all subscriptions due to the chamber upon due date.

Full Name (Please print): _____

Signed, New Member : _____

Date : _____