

SACPS MEMBERSHIP APPLICATION FORM

NAME:	
COMPANY:	
COMPANY ADDRESS:	
COMPANY VAT NO:	
WORK NUMBER:	
CELL PHONE NUMBER:	
EMAIL ADDRESS:	

QUALIFICATIONS:

PLEASE COMPLETE PAGE 2 AND ATTACH COPY OF HIGHEST RELEVANT EDUCATIONAL CERTIFICATE.

I hereby agree that if accepted as a member of The South African Coal Processing Society, I will endeavor to promote the policies of the Society and will accept completely the Constitution, available on the SACPS website.

SIGNATURE:		DATE:	
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We, the undersigned, as accepted members of The South African Coal Processing Society, do recommend the applicant for membership to that same Society and would personally speak for the applicant, if deemed necessary, at any Committee or General Meeting of the Society. The proposer and seconder signing this application form should be members of The South African Coal Processing Society.

PROPOSER		SECONDER	
NAME:		NAME:	
SIGNATURE:		SIGNATURE:	

