

**APPLICATION FOR MEMBERSHIP TO BE COMPLETED IN FULL:**

(FULL DETAILS MUST BE PROVIDED)

- 1 Full name of Company or person \_\_\_\_\_
- 2 Trading name of Member \_\_\_\_\_
- 3 Unemployment Insurance Fund Number (This MUST be given) \_\_\_\_\_
4. Company or Closed Corporation registration number: \_\_\_\_\_
5. Postal address \_\_\_\_\_ Physical address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Code \_\_\_\_\_ Code \_\_\_\_\_
6. Province \_\_\_\_\_
7. Telephone No. \_\_\_\_\_ Fax \_\_\_\_\_
8. Cell number: \_\_\_\_\_
9. E-mail address: \_\_\_\_\_

DECLARATION (PLEASE WRITE CLEARLY)

- (a) I/We hereby make application for membership of the MOTOR TRADERS ASSOCIATION, and wish to associate with other member employers and agree to abide by the Constitution and rules of the Organisation and any decisions and resolutions which a General Meeting or the Executive Committee may pass from time to time, as a condition of membership.
- (b) I/We hereby indemnify the Organisation from any claim or liability whatsoever from any negligent/irresponsible behaviour or action of any Member or which may arise out of representation and/or advice given.
- (c) I/We truly affirm that the contents of this Application Form are true and correct.

SIGNED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

SIGNATURE \_\_\_\_\_

(Only the signature of an authorised Employee of the prospective Member will be accepted)

PLEASE WRITE CLEARLY:

FULL NAME: \_\_\_\_\_

DESIGNATION / TITLE \_\_\_\_\_

COMPLETE AND E-MAIL TO: [members@mtaza.co.za](mailto:members@mtaza.co.za)