

“The Beacon of Business”

MEMBERSHIP APPLICATION FORM

FOR OFFICE USE

Name of GALXCOC Rep: _____	Membership Application Form	<input type="checkbox"/>
Date application submitted: _____	Company Registration	<input type="checkbox"/>
Membership Application Number: _____	documents ID	<input type="checkbox"/>
Business Profile Attached		<input type="checkbox"/>
Proof of Payment Attached		<input type="checkbox"/>
BBBEE Certificate		<input type="checkbox"/>

ORGANISATION / COMPANY DETAILS

Full Company Name*: _____

Company Registration Number: _____

Physical Address*: _____

Telephone (Landline): _____

Telephone (Cell): _____

Fax Number: _____

E-Mail Address*: _____

Tax Reference No*: _____

VAT Number: _____

MEMBERSHIP INFORMATION

Membership Category

SMME R2 000.00	Co-Operatives R5 000.00	Association R 15 000.00	Corporate R 60 000.00
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Rules and regulations of the chamber in operation during our term of membership

I/We acknowledge that resignations must be submitted in writing before 31 December of the subsequent year, failing which the full subscription for the following year is payable.

Any individual, company, institution, wanting to be a member of GALXCOC, needs to go through the following procedure:

- 1.1.1 Complete the membership registration form, and submit copies of the business registration documents, and the necessary identification documentation.
- 1.1.2 Deposit the membership amount, with the full name of the individual or organizational reference into the GALXCOC bank account as detailed below:
 - 1.1.2.1 Upon payment of the required amount, a proof of payment will be submitted to GALXCOC office
 - 1.1.2.2 Upon receipt of proof of payment, a letter acknowledging membership (see Annexure A) will be given, which would indicate the membership category and the membership number allocated to the member.

CONTACT DETAILS OF PERSON DESIGNATED TO COMMUNICATE WITH GALXCOC

I _____ apply to be a member of GALXCOC. I declare that upon my acceptance as a member I will be bound by GALXCOC Constitution rules and regulations.

Signed at _____ Witness: _____

Date: _____

Full Name of Applicant _____

Signature _____

BANKING DETAILS
ALEXANDRA CHAMBER OF COMMERCE AND INDUSTRY
BANK: FNB
BRANCH NO. 212217 ACCOUNT NO. 622 466 977 86

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