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APPLICATION FOR MEMBERSHIP OF THE AGRICULTURAL BUSINESS CHAMBER (Agbiz)

Fax/e-mail this form to 012 807 5600 or 086 652 8223 / e-mail admin@agbiz.co.za

Name of business

Postal address

Street address

Tel Nr	Fax Nr	E-mail address	Website

Name of Chief Executive Officer
Cellphone number

Contact person
Cellphone number

Business form (eg co-operative, company, etc)

Core business

Number of members/shareholders

Application as
Basic member **Corporate member**

	Year	Turnover (R)
1.		
2.		
3.		

VAT number

Declaration:

I/We, the abovementioned, do hereby apply for membership of Agbiz and hereby:

- agree to be bound by the terms of the Constitution of Agbiz, the contents of which I/we have read and understand;
- agree to pay annual membership fees as determined by the Council of Agbiz from time to time, which, unless otherwise determined by the Council of Agbiz, shall become due and payable within 30 days of receipt of invoice. In taking up membership of Agbiz, fees will be determined pro rate for financial year. The Agbiz financial year runs from March to end February.

SIGNED AT ON THIS DAY OF

..... **(Signature)**

FOR OFFICE USE ONLY
APPLICATION CONSIDERED AT COUNCIL MEETING ON
APPLICATION: APPROVED **- NOT APPROVED**