



+27 663 184 889
+27 86 605 3677
info@sata.co.za | www.rsata.co.za
997 Quarry Road, West Reservoir Hills Durban
Kwa-Zulu Natal 4090

SATA APPLICATION

I/we apply to be admitted as a member of the South African Technicians Association (SATA). I declare that I have the authority to act on behalf of and to bind the applicant, and that, if admitted as member, will be bound by the constitution, rules and regulations of the organization in operation during the term of membership.

South African Technicians Association (SATA) - Company Membership Form

UPON ACCEPTANCE of this application, the undersigned becomes a Member of the South African Technicians Association (SATA) and agrees to pay a **joining membership fee of R7500.00** as once off and monthly subscription of **R1000 (One thousand every month)**.

Applying for? New membership

Personal Details Of the Applicant:

First Names: _____ Surname: _____ Title: _____

ID. Number (Compulsory) _____ **Age:** _____

Home Address: _____ Postal Code: _____

Home phone: _____ **Cell Phone:** _____ **Email** _____



Company/Business Details:

Company Name: _____

Registration Number _____ If not registered, specify _____

VAT Registration Number _____ Tax Number _____

Physical Address: _____

Postal Address _____

Work Phone: _____ Work Fax: _____ E-mail: _____

Your Company's Line of Industry (Compulsory)

Panel beating

Tyre Fitment Services

Battery Supplier

Roadside Assistant

Mechanical

Car washer

Salvage and Recovery

Auto Repairs

Spares supply

Gear Box Specialist

Agricultural

Glass Fitting

Diff Specialist

Construction

Towing Services

Other: _____



Employment Status (Compulsory)

Number of People Employed people _____ Number of youths employed _____ Number of women _____

Disabled People _____ Professionals _____ Unskilled _____ Skilled _____

Major client _____ Government _____ % Private Sector _____ %

Which region do you wish to belong to?

Tshwane

KZN

Gauteng

Mpumalanga

Payment Information

Membership fees shall be payable in advance upon the company becoming a member of SATA and shall thereafter be paid annually on the anniversary of the membership.

Please email this form with your proof of membership fee payment to: info@rsata.co.za

Banking Details for Membership Fee Payment

Use the banking details below when making payment for the SATA membership fees stated on this application form.

Account Number	63208304872
Branch Code	250655
Payment Reference	Company Name / SATA Membership

After payment, email this completed form together with proof of payment to: info@rsata.co.za



Method of Payment

Credit Card #: _____ CVV(3digits): _____ Cash Cheque

type: VISA MASTER Expiry date: _____ Signature: _____

Signed on: _____, By: _____ (Print Name)

Authorization Signature: _____

Please note:

Company membership is not transferable

Membership fees are not refundable

For up-to-date information about our organization and your membership benefits, you can Log www.rsata.co.za

How did you hear of the SATA

SATA Event Media Member Referral (Please provide Member's Name) _____

Other (Please Specify): _____