

APPLICATION FOR MEMBERSHIP
FREE STATE

NAME OF SALON: _____

PHYSICAL ADDRESS:

POSTAL ADDRESS:

CODE:

CODE:

TELEPHONE/CELL NO:..... **E MAIL ADDRESS**

PROPRIETORS:

FULL NAMES OF DIRECTORS OR MEMBERS (in case of company, partnership or cc)

CK NUMBER:

SDL NUMBER:

Details of the Employer/Owner/Manager, who is personally qualified in the Trade?
(PLEASE COMPLETE THIS SECTION)

Name	Date and type of qualification

I/We, the undersigned, apply for Membership of the Organization. I/We agree to abide by the Rules and Regulations of the Organization, in force from time to time.

SIGNATURE(S) OF APPLICANT(S):

MONTHLY SUBSCRIPTIONS:

R 180. 00

FOR OFFICE USE ONLY

DATE: _____

PROPOSED BY: _____

SECONDED BY _____