

2 Wanderers Street,
Cnr. Bree Street
1st Flr, Strathearn Mansions
Johannesburg
2001



P.O. Box 1996
Johannesburg
2000

Tel: 011-337-0624
Fax: 011-337-3068

Afro Hairdressing & Beauty Employers Association of Southern Africa

PERSONAL DETAILS

MEMBERSHIP RENEWAL [<input type="checkbox"/>]		NEW MEMBERSHIP [<input type="checkbox"/>]	
TITLE:..... INITIALS:..... SURNAME:.....			
FIRST NAMES:			
DATE OF BIRTH: dd mm yyyy			
ID NO.:/...../...../...../...../...../...../...../...../...../.....			
PERSONAL TAX REFERENCE No.:			
RESIDENTIAL ADDRESS:			
			CODE:
POSTAL ADDRESS:			
			CODE:
HOME TEL.:		CELL No.:	

BUSINESS DETAILS

BUSINESS NAME:			
REG. NO.:		TAX No.:	SDL No.:
PHYSICAL ADDRESS:			
			CODE:
BUSINESS TEL:		BUSINESS FAX:	
E-MAIL ADDRESS:			

BUSINESS EXPERIENCE

HOW LONG HAVE YOU BEEN IN THE INDUSTRY ?	
YEARS:	MONTHS:
NO. OF EMPLOYEES:	
DO YOU HAVE A TRADE TEST ? Y [<input type="checkbox"/>] N [<input type="checkbox"/>]	

DECLARATION

I hereby declare that by applying for membership of ABHEASA, I will abide by the provisions of the Ethical code, Rules and Regulations as stipulated in the Constitution of the Association and as may be determined from time to time.	
Signed at:.....On:.....This Day of:.....200....	
Signature:	Witness:

MEMBERSHIP FEE PAYMENT OPTIONS

R200.00 Joining Fees		R75.00 Every Month	
Bank Name: ABSA		Branch Name: Ghandi Square (JHB)	
Account No.: 4060946454		Type: Current Account	
Creditor: Afro Hairdressing and Beauty Employers Association SA			

OFFICE USE ONLY

Membership No.:		Approved By:	
Provincial No.:		Date Approved:	