

## SAAYC Members Service Provider Registration Form

#	Item	Fill Your Response below
1.	NAME OF CLUB	
2.	MEMBERSHIP NUMBER	
3.	PROVINCE	
4.	AREA	
5.	CLUB PHYSICAL ADDRESS	POSTAL CODE : _____
6.	CLUB LEADER/PRESIDENT CHAIRPERSON	NAME:
		CONTACT NUMBER:
		EMAIL:
7.	CONTACT PERSON 2	NAME:
		POSITION IN CLUB:
		CONTACT NUMBER:
		EMAIL:
8.	CONTACT PERSON 3	NAME:
		POSITION IN CLUB:
		CONTACT NUMBER:
		EMAIL:
9.	WHAT IS THE FOCUS OF YOUR CLUB (YOUR PURPOSE AND REASON FOR EXISTENCE)	
10.	WHAT SERVICE CAN YOU PROVIDE TO SAAYC OR OTHER MEMBERS	

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11.	EXPLAIN IN DETAIL YOUR CLUBS EXPERTISE OR SERVICES					
12.	GIVE US SOME TRACK RECORD EXAMPLES					
13.	PROVIDE US WITH 2 REFERENCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">NAME:</td></tr> <tr><td style="padding: 2px;">COMPANY:</td></tr> <tr><td style="padding: 2px;">CONTACT NUMBER:</td></tr> <tr><td style="padding: 2px;">EMAIL:</td></tr> </table>	NAME:	COMPANY:	CONTACT NUMBER:	EMAIL:
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15.	Please append Registration Documents e.g. with CIPC or any legal body authorising them to provide the service.					
16.	IS THERE ANY OTHER COMMENT YOU WOULD LIKE TO MAKE ?					

THANK YOU FOR REGISTERING WITH SAAYC – WE WILL CIRCULATE YOUR INFORMATION AND CONSIDER YOUR SERVICES FROM TIME TO TIME WHEN THE NEED ARISES