

APPLICATION FOR INSTITUTION MEMBERSHIP

An Institution Member shall be a company, research institute or other body engaged directly or indirectly in food science or technology. An Institution Member shall appoint a suitable representative, preferably a senior technical individual to represent the institution in the Association

SECTION 1 – COMPANY INFORMATION			
Business/Company name:			
Company Registration No.:			VAT No.:
Description of main business activity:			
Full name of representative:			
Position:			
Correspondence address:			
		Postal code:	
Tel. (h):			
Tel. (w):			
Cell. No.:			
Fax:			
E-mail:			
Signature of representative:			Date:
I agree to abide by the Associations Professional Code of Conduct (available from the Secretariat or at (www.saafost.org.za/menu_Membership.asp))			

Please fax this form to: Irene Burke (Membership Development Officer) at 086 698 4784, Tel: +27 (0)12 349 2788
SAAFoST National Secretarial, PO Box 4507, Durban, 4000. Tel: +27 (0)31 368 8000, Fax: +27 (0)31 368 6623, E-mail: sharonb@turnergroup.co.za 013075 - NPO