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MEMBERSHIP APPLICATION FORM

A. DECLARATION OF APPLICANT

To the Secretary of TWIT

I, Prof/Dr/Ir/Mr/Ms/Other _____
(delete the inappropriate entry) (Surname) (Given Name)
Name: _____
Current Business: _____
Identity Number: _____
Correspondence Address: _____
Email: _____ Tel _____ Cell: _____

Hereby, apply to be admitted as a member of TWIT (check the appropriate box):

- General Member – A person who supports the vision, mission and values of TWIT, meets the eligibility criteria*, and pays the membership due as required. Only General Members are eligible to vote at TWIT meetings. Admission fee is R150 and Monthly fee of R50.00
- Affiliate Member – A person who has an interest in TWIT and does not wish to be a General Member at the time being. Admission fee is R150.00 and annual subscription fee is R100.00
- Student Member – A full-time student who is interested in TWIT, Admission fee is R100.00 and no annual subscription fee.

and certify that the statements in this application are true, and do hereby agree that in the event of my election or transfer of membership grade in TWIT, I will be governed by the constitution of TWIT as they are now formed or as they may hereafter be altered, and that I will not use any titles, abbreviated titles or descriptions associated with TWIT except those to which I may be entitled under the TWIT constitution and that I will advance the objects of the organisation as far as shall be in my power.

FOR TWIT OFFICE USE ONLY

_____	_____	_____
Date Considered:	General secretary:	Signature
_____	_____	_____
Date Considered	Treasury	Signature

I further undertake that I will pay the applicable subscription from time to time prescribed in the form of the organisation, and if at any time I shall desire to withdraw from TWIT I will forthwith pay to the organisation all arrears of subscription or other payments due from me.

B. COMMERCIAL / EMPLOYMENT ENAGEMENT AND INTEREST INFORMATION

To the Secretary of TWIT

Title (CEO/ MD / Employee) _____
(Surname) (Name)

Company Name: _____
Nature of Business: _____
Years of Experience: _____
Company Location: _____

Title (CEO/ MD / Employee) _____
(Surname) (Name)

Company Name: _____
Nature of Business: _____
Years of Experience: _____
Company Location: _____

Title (CEO/ MD / Employee) _____
(Surname) (Name)

Company Name: _____
Nature of Business: _____
Years of Experience: _____
Company Location: _____

Title (CEO/ MD / Employee) _____
(Surname) (Name)

Company Name: _____
Nature of Business: _____
Years of Experience: _____
Company Location: _____

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_____	_____	_____
Date Considered:	General secretary:	Signature
_____	_____	_____
Date Considered	Treasury	Signature

Signature of Applicant
(not needed for electronic copy)

Please return the completed Form and proof of payment to: General Secretary Yolisa Mabece: **073 647 7421**
or Treasury Pretty Fankomo **072 193 2443**

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_____ Date Considered:	_____ General secretary:	_____ Signature
_____ Date Considered	_____ Treasury	_____ Signature