EXPORTERS
WESTERN CAPE

APPLICATION FOR MEMBERSHIP

Types of Membership

Effective from *date of signature through to 31/07/2026*

Annual rates	**Corporate**	**Individual**
	R 8900.00	***R4750.00***
Number of seats per event:	2 seats	1 seat

Select type:
Number of Membership(s) * _____

**Corporate members may apply for multiple memberships to gain additional seats at events.*

Application validity for Membership:
***Date of signature* through to 31st July 2026.**

Corporate / Trading name: _____
Industry: _____
Postal Address: _____ **Post Code:** _____
Contact Person: _____
Title / Position: _____
Tel: _____ **Cell**: _____
E-mail: _____
VAT no: _____
Who / What introduced you to the Club? _____

PAYMENT TO BE MADE VIA *Direct deposit // EFT into the following account:
ABSA, Account number: 12-9858-0604 // Branch Code 632005
Please email the transfer or deposit slip together with the application form to noreen@exportersclubwc.co.za // contact no. 084 500 2848

Invoices will be sent to email address listed above

Who it should be made out to: _____

By submitting this application, the applicant agrees to become members of the Exporters Western Cape and accepts to being bound by the club constitution. Details of the EWC Club Constitution are found on the website: www.ewc.org.za

Signature of Applicant: _____ **Date**: _____