



SOUTH AFRICAN EMPLOYERS 4 DISABILITY

**Postnet Suite 491
Private Bag X9
Benmore, Johannesburg
2010**

**Tel: (010) 202 5589
www.sae4d.co.za
Email: info@sae4d.co.za**

MEMBERSHIP ACCEPTANCE FORM

- Notes:**
- Please use **black** ink and **block** letters.
 - Please complete **ALL** sections.

Annual Turnover	Membership Fee	Please tick
R100m and above	R55,000	
R50m to less than R100m	R33,000	
R15m to less than R50m	R22,000	
R1m to less than R15m	R11,000	
Less than R1m	R5,500	
*Individual membership	R500	

*The membership fee for individuals who are associated with small organisations without audited financial statements and whose turnover is less than R1m shall pay R500 per annum. In the spirit of promoting disability research in South Africa, students shall be allowed to participate in SAE4D activities without paying membership fees provided they submit proof of their being registered with an accredited institution of higher education.

NAME OF ORGANISATION: _____

PARTICULARS OF PERSON COMPLETING FORM and/or CONTACT PERSON:

NAME: _____ Position: _____

Physical Address: _____

_____ Code: _____

Postal Address: _____

_____ Postal Code: _____

Tel No: _____ Fax No: _____

Cell No. _____ E-mail: _____

DECLARATION

I, _____ the undersigned, certify that the information given in this application is true and correct and hereby undertake that the organization will abide by the Constitution and By-Laws of the South African Employers for Disability (SAE4D) to promote its objectives.

Signature: _____ Date _____