



## WATERPROOFING ASSOCIATION GAUTENG APPLICATION FOR MEMBERSHIP

### BUSINESS CONTACT INFORMATION

Trading Name		Date business commenced _____  <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____
Registered Name		
Phone   Fax		
E-mail		
Website		
Company Registration No		
Registered Company Address		
Postal Address		

### BUSINESS INFORMATION

Names of Directors / Partners / Members / Responsible Person			
Name:		Email:	Contact No:
Name:		Email:	Contact No:
Name:		Email:	Contact No:
Who will represent your company at Association Meetings	Name: Email:	Contact No:	
Do you have branches elsewhere in South Africa <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, please specify:	
Staff Complement	No of Management _____	No of Supervisors _____	No of Labour Staff _____
Name the type of waterproofing products you and your staff have experience in:			
Do you belong to any other association	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, please specify:	
Please select type of trade	Contractor <input type="checkbox"/>	Supplier <input type="checkbox"/>	Manufacturer <input type="checkbox"/>

### WORKMANSHIP REFERENCES

Please provide us with 3 Contracts / Waterproofing Projects which were completed at least 3 years ago by your company:  
 Note: The Association reserves the right to carry out an inspection of these waterproofing sites, together with yourselves, if you wish, before your application is processed.

1. Client		Location where work was done	
Material / Products used			
Date of Completion		Contact Details	
2. Client		Location where work was done	
Material / Products used			
Date of Completion		Contact Details	
3. Client		Location where work was done	
Material / Products used			
Date of Completion		Contact Details	

## DETAILS OF PROPOSER

It is a requirement that new members be proposed and seconded by members of the Association:

Proposed by	Date
Seconded by	Date

### FEES

**Non-Refundable Entrance / Admin Fee**                      **R 1 500**                      (Payable on Application)  
**Annual Membership Fee**                                      **R 2 500**                      (Payable on Approval and thereafter yearly by 1 July)

Please submit separate payments with this application. Membership runs on a twelve-month period between 1 July and 30 June. Fees will be calculated on a pro rata basis depending on date of acceptance of membership.

### BANKING DETAILS

Account Name:    Waterproofing Association Gauteng  
 Bank:                Nedbank  
 Branch:            Edenvale (Branch Code 191042)  
 Account No:       1910 034 770

## SUPPORTING DOCUMENTATION

In support of this Application you should attach copies of the following:

Document Type:	Check List (Please tick)
1. Valid Tax Clearance Certificate	Submitted <input type="checkbox"/>
2. Proof of Public Liability Insurance	Submitted <input type="checkbox"/>
3. Letter of good standing from your Bank	Submitted <input type="checkbox"/>
4. <b>For Contractors:</b> Recommendation letter from Major Supplier where you buy your products or materials from	Submitted (Contractors) <input type="checkbox"/> Not applicable for Manufactures <input type="checkbox"/> N/A
5. <b>For Contractors:</b> Three (3) reference letters from three of your clients commending on the Quality of your Service and Workmanship	Submitted (Contractors) Letter one <input type="checkbox"/> Letter two <input type="checkbox"/> Letter three <input type="checkbox"/> Not applicable for Manufactures <input type="checkbox"/> N/A
6. <b>For Manufacturer / Supplier:</b> Three (3) reference letter from three of your clients commending on the Quality of your Material / Products	Submitted (Manufactures / Suppliers) Letter one <input type="checkbox"/> Letter two <input type="checkbox"/> Letter three <input type="checkbox"/> Not applicable for Contractors <input type="checkbox"/> N/A
7. Proof of Payment for Entrance Fee R 1 500	Submitted <input type="checkbox"/>
8. Application Form Completed and Signed	Submitted <input type="checkbox"/>

## AGREEMENT

**By signing this application form, the Applicant agrees to:**

1. To abide by the constitution and rules of the Association
2. To pay all due levies and assessments
3. To co-operate in the activities of the Association
4. To further the aims and objectives of the Association

Name	Signature
Title / Designation	Date

**FOR OFFICE USE ONLY  
(ADJUDICATION FORM)**

In Respect of Applicant:	
Membership Approved	<input type="checkbox"/> No <input type="checkbox"/> Yes      Comment:
Applicant advised in writing	<input type="checkbox"/> No <input type="checkbox"/> Yes      Comment:
Signed	
Invoicing	Invoice No _____ Amount _____
For Membership Committee Recruited by:	
Company:	
Approval date:	
Chairman:	
Secretary:	
Tech. Committee Member:	
Tech. Committee Member:	
Treasurer:	

Membership Queries:    Tel: 011 974 9300  
    Website: [www.wpag.co.za](http://www.wpag.co.za)  
 Executive Chairman:    Donovan Slade