

MEMBERSHIP APPLICATION FORM



SADSOA HEAD OFFICE

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I/We (Name of the driving school) hereby apply to become a member of the South African Driving Operators Association (SADSOA).....
CONTACT PERSON: (Full Names & Surname).....
Contact Number

DETAILS OF THE DRIVING SCHOOL

Office address.....
Tel no.....fax noemail.....
Area of Operation.....
Company registration (CIPC).....
Number of Car's.....

Car Registrations

1.....2.....3.....
4.....5.....6.....

Membership fee (*Membership fee, you get 1 sticker for free*) R250/R750 PAID YES / NO

Name of directors /partners

12.....
3.....4.....

Number of employees/members.....

SIGNATURE..... DATE

BANKING DETAILS

Bank Name: Example Bank
SWIFT Address: ABCDEFG
Branch Name: EXAMPLE
Branch Code: 123456
Account Name: South African Driving Operators Association
Type: Current Account
Account Number: 123456789
Entity Registration Number: 2008/123456/08

Proof of payment should be sent to admin@SADSOA.org