Collision Repairers Association

APPLICATION FOR MEMBERSHIP

1. Full Name of Company _____
2 Name of Members/Directors _____
3 Unemployment Insurance Fund Number (**This MUST be given**)_____
4. Company or Closed Corporation Registration Number:_____
5. Postal Address _____ Physical Address _____

Code_____ Code_____

6. Province_____
7. Telephone No. _____ Fax _____
8. Cell Number: _____
9. Communication E-mail Address: _____
10. Accounts E-mail Address: _____
11. Membership Type: **Circle One** (e.g. MSR, NSR, Associate Supplier, Development)
12. VAT Registration Number for Invoicing_____. Please attach a copy for our records.

DECLARATION (PLEASE WRITE CLEARLY)

(a) I/We hereby make an application for membership of the Collision Repairers Association (S.A), and wish to associate with other member employers and agree to abide by the Constitution andrules of the Organisation and any decisions and resolutions which a General Meeting or the Executive Committee may pass from time to time, as a condition of membership.

(b) I/We hereby indemnify the Organisation from any claim or liability whatsoever from any negligent/irresponsible behaviour or action of any Member or which may arise out of representation and/or advice given.

(c) I/We truly affirm that the contents of this Application Form are true and correct.

SIGNED AT _____THIS _____DAY OF _____20 _____

SIGNATURE _____
(Only the signature of an authorised Employee of the prospective Member will be accepted)

FULL NAME: _____

DESIGNATION / TITLE _____