APPLICATION FOR MEMBERSHIP

EAST CAPE MASTER BUILDERS' AND ALLIED INDUSTRIES ASSOCIATION

Region: Port Elizabeth ☐ Southern Cape ☐ Border/Kei ☐

MBA Building
82 Worraker Street, Newton Park
Port Elizabeth
041 365 1835
membership@ecmba.org.za

1. APPLICANT (Please use block letters throughout)

(a.) Company Registered Name:

(b.) Trading Name:

(c.) Address:

Street:

Suburb:

City: Area Code:

(d.) Contact Details:

Telephone: Business: Home:

Contact Person:

Cell: Email:

(e.) Accounts Contact: Email:

(f.) Type of Business:

Building Contractor: ☐ Subcontractor: ☐ Associate: ☐ Labour Only: ☐

Type of work:

(g.) Average Turnover:

< R1m ☐ R1m – 15M ☐ R15m – R50m ☐ 50m – R100 m ☐ > R 100m ☐

(h.) Number of Employees:

Artisans: Semi-Skilled: General Workers: Other: Fixed Total:

2. DIRECTORS / PARTNERS / MEMBERS DETAILS

Full names of all Directors, Partners or Members.

3. PREVIOUS MEMBERSHIP

(Tick if applicable) ☐

Previously been a member or applied for membership with the East Cape Master Builders' Association?

If Yes: Company Name: Membership Number:

4. EMERGING MEMBERSHIP

More than 50% Black ownership? ☐

Turnover less than R 1m ? ☐

5. INSOLVENCY / LIQUIDATION

Have you, any director, partner, member or the person in charge of construction ever been insolvent or been a director or secretary or had management or control of a company which has been wound up, or which has been placed under judicial management, or which has entered into a scheme of arrangement for the benefit of its creditors, or of whose property an administrator has been appointed?

No: ☐ Yes: ☐ If Yes, Please provide details:

6. DECLARATION

Authority

I/We, the undersigned, declare that I/we are duly authorised to sign this application and hereby apply for membership of the East Cape Master Builders' & Allied Industries Association and upon admission to membership undertake to abide by the constitution, rules, by-laws, code of ethics, regulation ad decisions of the Association and its Executive Council as amended from time to time.

Financial Resources

I/We declare that I/we have the financial resources to meet all reasonable foreseeable financial commitments of my/our business.

Membership Classification.

I/We undertake to abide by the decision of the Executive Council, regarding my/our category classification, subject to my/our right of appeal.

Change of details.

I/We undertake to notify the Director of the Association of any change in the name, address, ownership, management or control of my/our company after granting of membership.

Termination

I/We agree that upon termination of my/our membership of the associations for whatsoever reason, all Association stationery and any other material issued by or purchased from the Association and still in my/our possession on termination of membership, will be surrendered to the Association. I/we further undertake, to remove from my/our property any emblem or sign indicating that I am/we are a member of the Association, and will no longer represent myself/ourselves to be a member/members of the Association.

Authorisation to divulge information

I, _____ ID No: _____ declare that I am authorised to provide such further information as may be required to process my/our application including but not limited to trade references, bank details, statutory registrations, permission to provide details or information with regard to our credit rating, outstanding monies or registration, on request by the Association.

Accuracy of Information

I/We declare that the above information supplied is true and correct and if found to be incorrect in any material manner, agree that the Executive Council may declare my/our membership admission invalid and that any monies paid by me/us shall be forfeited to the Association and that I/we shall cease to be a member and have no claims whatsoever against the Association.

Name of duly authorised Representative	Signature	Date