

Fax back to the LCBT
 Attention: Janitta Pieterse
 Fax Number: 086 531 7098



**APPLICATION FOR MEMBERSHIP 2011 - LOWVELD BUSINESS
 LIDMAATSKAP AANSOEK 2011 (1 January 2011 – 31 December 2011)
 FEES** / FOOIE****

Category (No. of Employees)	Annual Membership Fee VAT Inclusive	R275.00 (incl VAT) Joining Fee Applicable to new members only
Individuals	R 399.00	n/a
Entrepreneurs SMME's 1 – 3	R 627.00	R275
4 – 10	R 940.50	R275
11 – 50	R 1,495.00	R275
51-300	R 3,135.00	R275
301+	R 7,775.00	R275

**First year in Business/Eerste jaar in Besigheid
 **New Members Joining fee R275-00 including VAT*

Please note that your membership automatically renews on an annual basis, unless notification of cancellation is received in writing from your company three (3) months prior to renewal.

Now that you have applied as valuable member of the LCBT and your company has the benefit of being listed on our website www.lcbt.co.za. The tourism division of the LCBT, Lowveld Tourism has a website of its own, which is more directed to give information to visitors and potential travellers. As an added benefit, we would like to offer your company a listing on the Lowveld Tourism website as well (www.lowveldtourism.com). The cost for this is only R150 per year extra and is only available for members who offer tourism related products / services.

- Yes, I'd like to add this to my existing membership
 No thank you

MEMBERSHIP INFORMATION

SECTION 1: CONTACT DETAILS			
TRADING Name of Business:			
REGISTERED Name of Business:			
PHYSICAL Address:			
POSTAL Address:			
Website Address:	www.		
Telephone:		Fax Number:	
Manager/CEO/Director Details:		Email Address:	
Cell phone Number:		Fax to email:	
Secretary name:			
Email Address:			

DEPARTMENTAL HEAD CONTACT DETAILS & Email Address (*Compulsary)		
NAME	DESIGNATION	EMAIL ADDRESS
*	Person responsible for payment of accounts	
*	HR	

SECTION 2: COMPANY INFORMATION	
Type of Company: (CC, Pty, Sole Proprietor)	
Total Number of Employees:	
Is your company/parent or holding company listed on the JSE?	
Where is your parent/holding company based?	
Company registration number:	
VAT registration number:	
Certificate attached : <input type="checkbox"/> Yes <input type="checkbox"/> No	
How long has your company been operating?	

SECTION 3: COMPANY PROFILE
<p>What type of business are you involved in? (Core Function – please supply as much detail as possible)</p> <p>Please email your electronic version to business@lcbt.co.za should you have one available as well as your company logo – this will be uploaded on the “lcbt” website.</p>
<p>Key competencies and areas of expertise:</p>

SECTION 4: GEOGRAPHICAL AREA OF OPERATION:	
Where does your company do most of its business?	

SECTION 5: EXPORT / IMPORT PROFILE	
Are you involved in exports?	
To which countries do you export?	
What do you export?	
How long has your company been exporting?	
What are the major needs which the Lowveld Chamber of Business could meet with regard to exports?	
Do you import goods?	
What is the major purpose for imports?	
What do you import?	
Which countries are your major import partners?	
What services / needs do you think the Lowveld Chamber of Business could meet with regard to you imports?	

SECTION 6: YOUR COMPANY'S BEE REQUIREMENTS	
Does your company have BEE partners?	
Is your company seeking BEE partners?	
If yes, in which industry sector or field of expertise?	
Would you like the Chamber to facilitate / assist in sourcing an appropriate BEE partner/s?	

SECTION 7: CHAMBER ACTIVITY INTEREST AREAS

Kindly tick areas of key interest to you and your company with regard to membership of the Lowveld Chamber of Business:	
Golf Days	
Annual Convention	
Annual Awards	
Networking Breakfasts	
Members Meetings with experts / speakers on various topics	
Strategic Briefing Sessions	
Corporate Membership (Silver, Platinum, Gold)	
Employee Benefits (Pension & Provident funds at reduced rates)	
Procurement information services	
Monthly Newsletters	
Lowveld Business & Investment Guide	
Electronic Information Service	
Maputo Development Corridor	
Other (Please Specify)	
What training and / or information sessions would be of interest to you and your Company? (Please be specific)	

Signature: _____

Full Names: _____

Designation: _____ *Please fax proof of payment together with the signed application*

Application Date: _____ *form to 013 753 2986 or 086 531 7098*

Account Details:
 LCBT Business
 Standard Bank (052-852)
 Acc no: 330 670 689
 Cheque Account
 Ref: 'Your Company Name'