# Member Application Form

**INSTRUCTIONS:**

1. Complete all areas of the form and send as an attachment to info@ahasa.org
2. AHASA requires annual submission of all documentation that has non-expired validity during your membership period. Please submit your supporting documentation as attachments to the above e-mail.

## 1. DETAILS OF APPLICANT

| | |
|---|---|
| What type of membership do you wish to apply for: | New membership in AHASA: ☐ Bronze membership in AHASA: ☐ |
| Trade name of applicant: | |
| The business is: | Sole Proprietor: ☐ Partnership: ☐ Ltd Company: ☐ Pty Company: ☐ CC. ☐ |
| Date of establishment of business: | |
| Date, if any, of acquisition of business by present owner: | |
| Street address: | |
| | |
| | |
| | Code: |
| Postal address: | |
| | |
| | |
| | Code: |

| | |
|---|---|
| Do you have any branches: | Yes: ☐ No: ☐ (if yes, provide details below) |

| | City/Town of branch | Address |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Details of primary contact person that AHASA will communicate with

| Surname | First name | E-mail | Office line | Cell phone |
|---|---|---|---|---|
| | | | | |

In the event that the primary contact person is unavailable, whom (if any) is delegated in your organisation as a "deputy"?

| Surname | First name | E-mail | Office line | Cell phone |
|---|---|---|---|---|
| | | | | |

Full names of proprietor, partners, directors, members:

| Surname | First name | Title/function/ownership | Other |
|---|---|---|---|
| | | | |

Details of primary contact person relating to payment of membership fees

| Surname | First name | E-mail | Office line | Cell phone |
|---|---|---|---|---|
| | | | | |

Details of all persons within your company to receive AHASA correspondence/communication:

| Surname | First Name | E-mail |
|---|---|---|
| | | |
| | | |
| | | |

Provide details of two client references whom you give permission for AHASA to contact

Trade reference 1:

| Name of entity | Name & surname of individual | E-mail | Telephone Number |
|---|---|---|---|
| | | | |

| | |
|---|---|
| Address: | |

Trade reference 2

# Member Application Form

| Name of entity | Name & surname of individual | E-mail | Telephone Number |
|---|---|---|---|
| | | | |

| | |
|---|---|
| Address: | |
| SETA subscribed to pay SDL: | |
| Name of Auditor: | |

| Surname | First name | E-mail | Telephone Number |
|---|---|---|---|
| | | | |

## 2. SUPPORTING DOCUMENTATION

***The following information must be provided and where applicable, copies of official documents must be submitted to AHASA by means of e-mail attachment.***

| Item / Document | Registration Number where applicable | Attached Yes / No |
|---|---|---|
| 2.1 CIPC Registration Document: | | Yes: ☐ No: ☐ |
| 2.2 SARS Tax Clearance Certificate: | | Yes: ☐ No: ☐ |
| *Company Registration Number:* | | |
| *Income Tax Reference Number:* | | |
| *VAT Registration Number:* | | |
| *PAYE Registration Number:* | | |
| 2.3 Private Employment Agency Certificate: | | Yes: ☐ No: ☐ |
| 2.4 COIDA Letter of Good Standing (Commissioner for Compensation): | | Yes: ☐ No: ☐ |
| 2.5 UIF Letter of Compliance<br>(in absence of this document, submit the EMP201 for last 3 months or EMP501) | | Yes: ☐ No: ☐ |
| 2.6 Copy of Candidate Registration Form and Contract: | | Yes: ☐ No: ☐ |
| 2.7 Proof of Agency Professional Indemnity Cover: | | Yes: ☐ No: ☐ |
| 2.8 Proof of last Employment Equity submission: | | Yes: ☐ No: ☐ |
| *(This section is only to be completed if your applying for Reduced Membership or Section 21)*<br>Special Member Criteria<br>• Proof of annual turnover less than R10 million<br>• Bi-annual EMP501<br>• BBBEE Exemption | | <br><br>Yes: ☐ No: ☐<br>Yes: ☐ No: ☐<br>Yes: ☐ No: ☐ |

## 3. FEE STRUCTURE Please select the fee structure that best suits your business

***Membership Period:***

- ***Membership Renewal – full year membership (01 March to 28 February each year)***
- ***New Membership – pro-rata membership (date of admission to AHASA to 28 February)***

| | | |
|---|---|---|
| **3.1 Principal Member**<br><br>*Principal Member is considered to be the Head Office of the business and includes the core staffing activity of the business.* | R 2975 per month | Yes: ☐ No: ☐ |
| **3.2 Branch Member**<br><br>*A Branch Member is considered to be any branch office operating in provinces other than the Principal Member and includes any offers staffing services,*<br><br>*According to section 5.3 of the AHASA Constitution: "Members shall be required to register all branches as Branch members." All branches are therefore required to* | Additional R783 flat fee for all branches per month | |

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|---|---|---|
| *be registered with AHASA.*<br><br>Indicate number of branches _____<br>(this section is o*nly applicable if you have branches operating in other provinces*<br><br>List the city/town the Branch Member is operational:<br>_____ | | |
| **3.3 Reduced Member Fee** (special criteria as follows applies in order to qualify):<br>1. *Annual turnover of less than R10 million substantiated by a registered accounting officer representing the Healthcare Agency.*<br>2. *A copy of the submission of the bi-annual EMP501 submitted to SARS.*<br>3. *BBBEE Level 4 status due to exemption in terms of Section 4 of the Statement of the Codes of Good Practice for Broad Based Black Economic Empowerment of 2007.* | R 1155 per month | Yes: ☐ No: ☐ |
| **3.4 Section 21 Company** | R 1155 per month | Yes: ☐ No: ☐ |
| **3.5 Bronze Member**<br><br>Membership Period:<br>Limited to 4-month membership only. Refer to Administrator for benefits as well as terms and conditions of Bronze Membership | R 1155 per month | Yes: ☐ No: ☐ |

## 4. EPTANCE OF TERMS & CONDITIONS

**Terms & Conditions:**

Membership in AHASA includes but is not limited to the following terms and conditions:

1. *All aspects of the AHASA Constitution and the AHASA Code of Ethics shall be upheld.*
2. *Annual audits are compulsory. For existing members, audits d will be conducted within 6 months of the end of financial year. New members will be audited within the first 3 months of membership.*
3. *Fees exclude VAT as AHASA is not registered for VAT.*
4. *Invoices shall be submitted to members by the 25th of the preceding month (or closest working day) of each month.*
5. *Payment must be received by AHASA by the 7th of the month (or closest working day) of each month. Outstanding payments determined as above shall be subject to a 10% penalty.*
6. *Should a defaulting member apply for new or continued membership, such membership will be at the discretion of the EXCO and will be conditional on full payment of the amount in arrears.*
7. *The member may terminate their membership by giving formal notice of 30 calendar days, in writing to the Administrator of AHASA*
8. *If membership is reinstated within 24-months of resignation, the outstanding fees from prior termination to reinstatement become due and payable to AHASA*
9. *AHASA retains the full right to approve or decline membership at its sole discretion subject to the Constitution.*

I / We, the undersigned, apply for membership of AHASA. I / We agree, if admitted as a member, to uphold and abide by the Constitution, the Code of Ethics, all Legislation applicable to Healthcare Agencies and any rules and decisions of AHASA as may be determined from time to time. I / We commit to payment of our monthly membership fees when due.

I declare that I am authorised to complete this application on behalf of the applicant and will be responsible for the payment of fees for the membership period.

| Full Name | Title / Designation | Date | Signature |
|---|---|---|---|
| | | | |