



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.

1. DETAILS OF AGENCY			
What type of membership do you wish to apply for:		New membership in AHASA: <input type="checkbox"/> Bronze membership in AHASA: <input type="checkbox"/>	
Company name			
The business is		Sole Proprietor: <input type="checkbox"/> Partnership: <input type="checkbox"/> Ltd Company: <input type="checkbox"/> Pty Company: <input type="checkbox"/> CC: <input type="checkbox"/>	
Street address		Number of internal employees (office, administration, payroll, recruiters, clinical facilitators etc)	
Postal address			
Website			
Company Registration No.	VAT No.	Financial year end	Describe main activity and list services (in order of importance)
BBBEE Status	SIC code	SETA Subscribed to	
Reason for joining AHASA:			
Do you have any branches:		Yes: <input type="checkbox"/> No: <input type="checkbox"/> (if yes, provide details below)	
City/Town of branch		Address	
1			
2			
3			
4			
Association Representative (person attending the meetings)			
Name		Email	Telephone

Managing Director			
<i>Name</i>		<i>Email</i>	<i>Telephone</i>
Accounts			
<i>Name</i>		<i>Email</i>	<i>Telephone</i>
Human Resources			
<i>Name</i>		<i>Email</i>	<i>Telephone</i>
Recruitment			
<i>Name</i>		<i>Email</i>	<i>Telephone</i>
Marketing			
<i>Name</i>		<i>Email</i>	<i>Telephone</i>
Additional company contacts to receive AHASA correspondence (in addition to the primary contact listed above)			
<i>Name</i>		<i>E-mail</i>	
1.			
2.			
3.			
Provide details of two client references whom you give permission for AHASA to contact			
Trade reference 1:			
<i>Name of entity</i>	<i>Name & surname of individual</i>	<i>E-mail</i>	<i>Telephone Number</i>
<i>Address:</i>			
Trade reference 2:			
<i>Name of entity</i>	<i>Name & surname of individual</i>	<i>E-mail</i>	<i>Telephone Number</i>
<i>Address:</i>			
Name of Auditing Firm:			
<i>Name & surname of representative</i>		<i>E-mail</i>	<i>Telephone Number</i>
2. SUPPORTING DOCUMENTATION			
<i>Submit the following compliance documents together with this application form to info@ahasa.org</i>			
Item / Document	Registration Number where applicable		Attached Yes / No
2.1 CIPC Registration Document:			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2.2 SARS Tax Clearance Certificate with Pin:			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	<i>Company Registration Number:</i>		
	<i>Income Tax Reference Number:</i>		
	<i>VAT Registration Number:</i>		
	<i>PAYE Registration Number:</i>		
2.3 Private Employment Agency Certificate:			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2.4 COIDA Letter of Good Standing (Compensation Fund):			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2.5 UIF – Submit last 3 months EMP201 or latest EMP501			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Other professional body membership eligible for 5% dual discount Attach a copy of your membership certificate	Association name	Membership No.
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4. ACCEPTANCE OF MEMBERSHIP 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. In making such application I/we agree, should the application be accepted, to abide by the Constitution and Rules of the Association. I/we further agree to conform with resolutions of the Executive Committee which administers the Association's affairs
2. All AHASA members are required to renew their annual membership certificate by the end of February each year. This includes updating the office with the latest compliance documents.
3. Membership certificates will only be issued to members who are fully compliant and whose membership fees are up to date.
4. Any member agency that undergoes a change in company name, directorship, or organizational structure must notify AHASA in writing within 14 days of such change. This ensures accurate recordkeeping and assists with administrative reconciliations.
5. Every second-year audits (physical or virtual) are conducted and are compulsory.
 - For existing members, audits will be conducted within 6 months of the end of financial year.
 - New members will be audited within the first 3 months of membership.
6. In terms of the POPIA please see attached Consent Form.
7. Fees exclude VAT as AHASA is not registered for VAT.
8. Invoices shall be submitted to members by the 25th of the preceding month (or closest working day) of each month.
9. 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.
10. 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.
11. The member may terminate their membership by giving formal notice of 30 calendar days, in writing to the Administrator info@ahasa.org
12. If membership is reinstated within 24-months of resignation, the outstanding fees from prior termination to reinstatement become due and payable to AHASA
13. 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