



Connecting business on the North Coast

Membership Application / Renewal Form

1. Business Memberships

This is applicable to any business enterprises with one or more employees and where the enterprise trades or pursues business on the North Coast of KZN and its surrounding area.

Table with 3 columns: Number of Employees, Membership Fee per Annum, and an empty box for selection. Rows include categories like 1-10, 11-20, 21-50, and 51+.

2. Network Membership

This is applicable to any public benefit, non-profit, non government or education group. Membership Fee: not applicable

Business Details

Form fields for Business Name, Physical Address, Postal Address, Contact Number, Website, Company Registration Number, and Vat Number.

Company Representatives

Form fields for Company Representative 1 and 2, including Name, Designation, Email, Mobile Number, and ID Number.

Accounts Representative

Accounts Representative:

Name: Mr / Ms _____

Designation: _____

Email: _____

Contact Number: _____

Business Description

Industry Type: _____

Brands / Products and Services: _____

Profile of your business (75 words or less): _____

In terms of the Constitution Section 3.6, applications for memberships shall be considered by the executive committee which has the sole right to admit or reject applications and to determine the appropriate category of membership.

I agree to the Terms and conditions of membership as outlined at www.ilembechamber.co.za, which are subject to the constitution. I agree to paying the 12 month membership, upfront, on approval of this application by the executive committee.

Name: _____

Signature: _____

Signed on this _____ day of _____ 20_____

Kindly send the completed form to:

Email: renalda@ilembechamber.co.za or Fax: 086 666 1164 For queries, contact: 087 727 8630

Payment can be made to:

The iLembe Chamber of Commerce, Industry and Tourism
Nedbank, Ballito, (131026). Account number: 1003371612 Please reference your company's name.

For Office Use Only:

Company Logo Received	<input type="checkbox"/>
Sent Ilembe Logo	<input type="checkbox"/>
Invoice Number	<input type="checkbox"/>
Payment Received	<input type="checkbox"/>
Certificate Issued	<input type="checkbox"/>
Database Captured	<input type="checkbox"/>
Membership Number	<input type="checkbox"/>
Date Joined (Payment received)	<input type="checkbox"/>