



**Southern Africa Revenue Protection Association**

**2019 Membership: SARPA Utility Membership**

**Benefits of joining the Association:**

- Revenue Protection Training
- Revenue Recovery Survey
- Annual Industry Convention
- Regional Branch Meetings and Workshops
- Institutional Relations and Affiliations
- Standardisation
- Affiliation as a Tender Qualification
- Monthly Newsletter
- Access to the SARPA website portal

**Member Utilities must be represented by a person duly authorized to do so, and a Utility may register as many of its divisions, sub structures or branches as Members as it may want to, provided that a Membership fee is paid for each Membership registration.**

**As a guideline we suggest that utilities, like municipalities, register each of their branches/ undertakings involved in activities related to SARPA (Electricity; Water; Finance, etc) as utility members. National organizations can register their regional branches as utility members.**

**Membership Costs:**

Utility Member	Annual Subscription 2019
50 GW H	R 5,960.00
50 + GW H	R 6,465.00
250 + GW H	R 8,060.00
500 + GW H	R 12,700.00
2500 + GW H	R 29,100.00

Organisation Name: \_\_\_\_\_

SARPA Branch: Please indicate (choose ONE) the branch that your Organisation belongs to:

Eastern Cape	<input type="checkbox"/>	Gauteng	<input type="checkbox"/>	Kwazulu Natal	<input type="checkbox"/>	Central	<input type="checkbox"/>	Mpumalanga	<input type="checkbox"/>
Limpopo	<input type="checkbox"/>	Western Cape	<input type="checkbox"/>	Northern Cape	<input type="checkbox"/>	North West	<input type="checkbox"/>	International	<input type="checkbox"/>

1. **Utility Member Representative:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Your Utility can also have, at no extra charge a number of Associate Members that are staff members in your department/employ, who are not representing such a Utility Member, but who wish to participate in the activities of the Association and who are recommended by such a Utility organization to become and Associate Member.**

**Complete the section below to inform us of these individuals that need to be listed on our database:**

2. **Associate Member 1:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Associate Member 2:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Associate Member 3:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Associate Member 4:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Associate Member 5:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Associate Member 6:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**If your Undertaking has more Associate Members than provided for, attach a list of the additional members including their details as listed above.**

**Please complete this form and fax it to 086 688 7005 or email [sarpaservices@vdw.co.za](mailto:sarpaservices@vdw.co.za).**

**An invoice will be emailed directly to the Main Representative.**

**For more information contact the SARPA on 011 061 5000.**