



WHASA

Wound Healing Association of Southern Africa
c/o P O Box 1575, Randparkridge, 2156, South Africa
Tel: 011-475 2902; Fax: 086 642 9027



CORPORATE MEMBERSHIP 2016 UPDATE

Please type or print clearly and fax to 086 642 9027 together with proof of payment.

Company Registered Name: _____

Vat Registration Number: _____

Street Address : _____

_____ Code: _____

Postal Address : _____

_____ Code: _____

Company Representative: _____

E-mail : (please print clearly) _____

Tel No : () _____ Fax: () _____

Cell : () _____

WHASA Existing Corporate Membership No (if applicable) _____

WHASA Region of Registration : _____

WEBSITE : _____

CORPORATE MEMBERSHIP:

Please register the company for:

☐ Partner Corporate Membership January to December 2016 - R30060,00

☐ Payable R30060.00 in one amount on presentation

☐ Payable in two installments, R15030.00 on presentation and R15030.00 by end June 2016

☐ Associate Corporate Membership January to December 2016 – R15030.00

☐ Payable R15030.00 in one amount on presentation

I the undersigned, declare that my organization is eligible for membership of the Association and hereby agree to pay the annual subscription fee for one year according to the payment option selected above. Our Organization agrees to associate itself with the objectives of the Wound Healing Association of Southern Africa.

COMPANY REPRESENTATIVE SIGNATURE

DATE

COMPANY

PAYMENT DETAILS

Please deposit the amount relevant to your selection into the WHASA bank account using your company name as a payment reference, and please fax proof of payment together with your membership update form to 086 642 9027.

WHASA BANK DETAILS

Bank: Standard Bank

Branch: Brooklyn

Branch Code: 01124500

Account Nr: 012966622