Vending Association of South Africa

"Working for the Industry"

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Application for Accredited Membership

Business Name _____

Which is registered as Pty Ltd_____ or **CC**_____ or **Sole Trader** _____ or **Not Registered**_____ (please tick)

Registered Address _____

_____**Code**_____

Owner, Partner and / or Director names _____

Contact Person _____

Telephone No _____

Cell Number _____ **E - Mail** _____

How long has the company been in the vending business? _____ **years**.

Number of persons / staff employed / involved (please indicate) _____

Categorize the business activity: - (please tick)

a) Operation of vending machines for the sale of commodities or services other than self operated location ☐

b) Manufacturer, distribution, or sale of commodities/products for use in vending machines ☐

c) Manufacture, distribution of component parts, accessories, and technical services for vending machines ☐

d) **Other, described more fully: -**_____

_____

_____

I/we the owners/partners/directors undertake that I/we will, if accepted, and so long as I/we remain in membership, abide by the constitution and rules of the Association and any code of ethics and resolutions that may from time to time be approved by membership in any General Meeting.

Signed: Owner _____ **Partner/Director:** _____

Date: _____