



Membership Application

Company Information:

Full name of company: _____

Date (period of 12 months): Commencing 01/___/2017 and ending 01/___/2018

Web address: www. _____

Telephone: _____

Name of CEO: _____

Email address: _____

No. of employees: _____

No. of employees globally: _____

Type of Business:

Please tick the relevant box and underline your specific business

- | | |
|---|---|
| <input type="checkbox"/> Accountants | <input type="checkbox"/> Individuals |
| <input type="checkbox"/> Advertising/Publishing, | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Agriculture/Farming | <input type="checkbox"/> IT/Internet/Cyber Sec/Website |
| <input type="checkbox"/> Banks | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Cellular/Telecoms | <input type="checkbox"/> Management Consulting |
| <input type="checkbox"/> Cleaning Services & Supplies | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Cloud & Supply Chain Services | <input type="checkbox"/> Marketing/Media/Corp Gifts |
| <input type="checkbox"/> Clothing/Cosmetics | <input type="checkbox"/> Minerals |
| <input type="checkbox"/> Construction/Engineering | <input type="checkbox"/> Motor Vehicles |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Optical |
| <input type="checkbox"/> CRM Services | <input type="checkbox"/> Recruitment/Labour Outsources |
| <input type="checkbox"/> Directory Services | <input type="checkbox"/> Property Management |
| <input type="checkbox"/> Edu/Training/Institutions/Coaching | <input type="checkbox"/> Retail/Online Shopping |
| <input type="checkbox"/> Electrical/Engineering | <input type="checkbox"/> Safes/Safety Deposit Boxes |
| <input type="checkbox"/> Embassies/Trade Off /Organisations | <input type="checkbox"/> Security & Related Services |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Stationery/Office Equip/Automation |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Steel Products/Structural Steel |
| <input type="checkbox"/> Fleet Management | <input type="checkbox"/> Telephone & Video Conferencing |
| <input type="checkbox"/> Foodstuffs/Bev/Liquor | <input type="checkbox"/> Transport/Logistics |
| <input type="checkbox"/> General Products | <input type="checkbox"/> Travel/Airline/Tourism |
| <input type="checkbox"/> Hardware/Paint Specialists | <input type="checkbox"/> Voice Rec/Meeting Rec/Dictation |
| <input type="checkbox"/> Healthcare/Pharm/Personal Well | <input type="checkbox"/> Water Management/Conservation |
| <input type="checkbox"/> Import & Export | <input type="checkbox"/> Other (please specify) |
- _____

Primary Contact Person:

Title: _____ Initial/s: _____ First Name _____

Surname: _____

Position in Company: _____

Telephone: _____

Mobile: _____

E-mail address: _____

Physical address: _____

Other key members of staff to be added to the mailing list eg. CFO, HR, Marketing, etc (please use a separate sheet of paper if necessary)

First Name: _____ Surname: _____

Position in Company: _____

Mobile: _____

E-mail address: _____

Membership Fee and Category Structure:

Membership Category	Annual Fees (payable in advance)
SME	10 000.00
Standard Member	15 000.00
Patron	25 000.00
Gold Patron	50 000.00

Account Information:

Contact Person: _____

Telephone: _____

E-mail: _____

Postal address: _____

Date: _____

Position: _____

Signature: _____

* Annual membership fee: _____

*An invoice will be issued upon approval of the membership application
Please return by E-mail to: tammy@limemarketing.co.za*

*For more information contact: Vicky Berrington, CEO
Tel: (011) 440-3430 / 083 407 2690 Email: vickyb@limemarketing.co.za*

