



Creating a unique people and place experience

MEMBERSHIP APPLICATION

PRIVATE AND CONFIDENTIAL

Thank you for your interest in becoming a member of the Saldanha Bay Tourism Organisation.

You should have received, along with this form, the “Membership Rates” form showing the categories and rates for membership, the appropriate “Category Detail” form for the category of your business, and the “Marketing Detail” form. If you do not have all 4 forms, please contact us so that we can rectify the situation. Also, if you are not sure which is the appropriate category for your business, please contact us so that we can assist.

Please complete all of these forms as diligently as possible. Although some of the information may seem very detailed, it does assist us in understanding your business, as well as the industry as a whole. This is important in ensuring that we can represent the industry as effectively as possible. These forms conform to the standard information requirements as specified by Cape Town Routes Unlimited, the Destination Marketing Organisation for the Western Cape Province.

If you require any assistance completing this form, please contact our membership officer, Annalie van der Merwe, at the contact details below.

Once you have completed the forms and returned them to us, please deposit your membership fee into the account below, and send proof of payment to the membership officer.

You will be contacted as soon as your membership application has been processed, and you will then receive your invoice and membership certificate.

SALDANHA BAY TOURISM ORGANISATION		BANKING DETAILS:
P.O. Box 420 Langebaan 7357	Municipal Building Breë Street Langebaan	Saldanha Bay Tourism Organisation Absa
TEL: 022 772 1515	FAX: 086 549 0926	Branch Code: 632005
EMAIL: membership@sbto.co.za	WEB: www.sbto.co.za	Account No.: 9153817676
		Savings Account

All mandatory fields have been marked with an asterisk (*)

GENERAL INFORMATION	
APPLICANT DETAILS	
Trading Name of Business *	
Name of Applicant*	
Designation of Applicant*	
Telephone Number*	
Fax Number	
Email Address	
Mobile Number	

Please note that all financial, shareholder and employee information supplied on this application form is required for statistical and research purposes and will be treated as confidential by the SBTO and Cape Town Routes Unlimited. It will not be made available to third parties without the consent of the member concerned.

ESTABLISHMENT DETAILS			
Physical Address*			
Suburb*			
Town*			
Postal Code*			
Municipal Erf No*			
GPS Co-ordinates	x		y
Postal Address*			
Postal Town*			
Postal Code*			
Business Telephone Number* (If different to applicant)			
Business Mobile Number (If different to applicant)			
Business E-mail Address (If different to applicant)			
Business Fax Number (If different to applicant)			
Preferred number for listing on brochures and website	Business Telephone Number		Business Mobile Number
Website Address			

Preferred communication Language*	English		Afrikaans		Xhosa	
Preferred Communication Method* (please select one)	Telephone		Email		Fax	
	Post		SMS			
Do you wish to receive our email newsletter?*	Yes			No		

We would like to keep in contact with the correct people in your organization, please provide us with the relevant contact information (**if different to the applicant**).

CONTACT DETAILS	
Contact Person Name and Surname	
Contact Person Telephone Number	
Contact Person Email Address	
Reservations Contact Person Name and Surname	
Reservations Contact Person Telephone Number	
Reservations Contact Person Email Address	

FINANCIAL INFORMATION	
Legally registered business name (if different to trading name) *	
Average Annual Turnover*	< R300 000.00 > R300 000.00
VAT Registration Number	
Organization Type*	Sole Proprietor Partnership
	Company Close Corporation
	Association not for gain Estate/Trust
	Private Company Public company
	Individual
Business Registration Number (if applicable)	
Date of Business Registration (if applicable)	
Financial Contact Person Name and Surname (if different from other contacts)	
Financial Contact Person Telephone Number (if different from other contacts)	
Financial Contact Person Email Address (if different from other contacts)	
Postal Address (if different from other contacts)	
Postal Town (if different from other contacts)	
Postal Code (if different from other contacts)	

SHAREHOLDERS PROFILE							
Black Empowerment Shareholding*	0%		<25%		<50%		>51%
Women Shareholding*	0%		<25%		<50%		>51%

EMPLOYEE PROFILE										
Please supply numbers for each of the categories below:										
		MALE				FEMALE				TOTALS
	DISABLED	AFRICAN	COLOURED	WHITE	ASIAN	AFRICAN	COLOURED	WHITE	ASIAN	
Management*										
Total Employees*										

QUALITY ASSURANCE (where applicable)		
Graded By TGCSA	Yes	No
Member of SATSA	Yes	No
Star Grading Category & number of stars		
Date of Grading or Membership		
TGCSA Accreditation or SATSA Membership no.		
SAACI, SITE, ICCA, EXSA membership number (Please enter one, state organization & number)		

Definitions:

TGCSA – Tourism Grading Council of South Africa

SATSA – South African Tourism Services Association

ICCA - International Conference and Congress Association

SITE – Society of Incentive Travel Executives

SAACI - Southern African Association for the Conference Industry

EXSA – Exhibition Association of Southern Africa

NOTE: THIS SECTION MUST BE ATTACHED TO YOUR CATEGORY APPLICATION(S)