

APPLICATION FOR MEMBERSHIP

This application form consists of 4 pages. Please ensure that it is fully completed. Census information of Litchi orchards must be attached to this application.

I, _____ (full name),

the duly authorised representative of _____ (name of organisation)

hereby apply for membership of the South African Litchi Growers' Association NPC (SALGA) as:

- ☐ **A Grower Member** (See page 4)
- ☐ **Affiliate Member** (See page 4)
- ☐ **Associate Member** (See page 4)
- ☐ **International Member** (See page 4)

I declare that the SALGA MOI has been supplied to me together with this application form, and by acceptance of my application, I bind myself thereto as well as to any legal amendments thereof. I/We request that any agency or institution appointed by me/us that sells or processes my/our Litchis deduct a levy on my/our behalf in line with my membership of the organisation.

Name of farm/company _____

Trading name _____

Company registration no. _____

VAT no. _____

PUC No. _____

Postal address _____

Tel. _____

Cell. _____

Email _____

Postal Code _____

Physical Address _____



Litchis Packed by _____

Litchis exported by _____

Language preference

☐

Afrikaans

☐

English

Signature of applicant _____

Date _____

MEMBERSHIP FEES

Membership fees are payable on approval of your application.

Grower member	Joining Fee	R1150.00 (VAT inclusive)
Grower member	Annual Fee	R57.50 per ha (VAT inclusive)
Affiliate Member	Joining Fee	R1150.00 (VAT inclusive)
Affiliate Member	Annual Fee	R1800.00 (VAT inclusive)
Associate Member	Joining Fee	R1150.00 (VAT inclusive)
Associate Member	Annual Fee	R1800.00 (VAT inclusive)
International Member	Annual Fee	In process – please contact office

Method of payment: ☐ Cash ☐ Electronic Transfer ☐ Direct deposit

(in case of an electronic payment or deposit, proof of payment must be attached)

BANKING DETAILS

SA Litchi Growers Association NPC
ABSA Bank
Current Account 1033830455

Swift code: Absa za jj632005
Branch code: 632005

ADDITIONAL INFORMATION

PERSONAL DETAILS

Mr	Ms	Dr	Prof	Other
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Surname _____

Initials _____

Full Name(s) _____

Preferred name _____

DETAILS OF CONTACT PERSON (IF DIFFERENT FROM ABOVE)

Mr	Ms	Dr	Prof	Other
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Surname _____

Initials _____

Full Name(s) _____

Preferred name _____

Contact person's role (e.g. farm manager) _____

Tel _____

Cell _____

Email _____

CENSUS INFORMATION (Mandatory)

Hectares of litchis planted _____

Future plantings of litchis (ha) _____

Please use the census template provided with this application form to provide information relating to your litchi plantings. Should you have the information in another format you are welcome to send it in your format. Your census information is treated as confidential and used only to update industry information. No information of individual growers will be disseminated.

SALGA MEMBERSHIP CLASSES

GROWER MEMBER

Any person or entity engaging, in a proprietary capacity, in the commercial production of litchis.

ASSOCIATE MEMBER

Any person or entity that receives litchis from growers for the purpose of preparing and packing for sale such litchis; and includes persons or entities that buy litchis from growers and/or act as agents for the sale of litchis, and act as agents or contractors for litchi processing.

AFFILIATE MEMBERS

Persons or entities that have an interest in the litchi industry, including but not limited to: litchi nurseries, agricultural advisors, wholesalers, retailers, equipment suppliers, researchers and educators or any person who, in the sole discretion of the Board, should be afforded Membership.

INTERNATIONAL MEMBERS

Any person or entity situated, resident or domiciled outside of South Africa.