

MEMBERSHIP APPLICATION FORM

Name & Surname: _____

Contact details:

Landline No: (H) _____ Cell: _____

Email: _____

Date of Birth: Date _____ Month _____ Year _____

Home address: _____

Business details:

Business Name: _____

Address: _____

Email: _____

Landline: _____ Cell: _____

Website: _____

MEMBERSHIP FEE

Annual membership is applicable from 01 March to 28 February

You have the option to pay in full

or

R100 per month (strictly by debit order by latest 3rd of the month)

Your first month's membership fee is paid in cash or EFT
should you opt for debit order.

Member benefits:

- Discount rates at all WOS events
- Access to a large network
- Discount rates when registering on the 5 Pillars of Empowerment Learning Journey
- Free weekly member socials
- Free monthly Information sessions
- Mentorship programs
- Free listing in the Business Directory on the website
- Free display table at the bi-monthly networking events

I was referred by:

WOS Member's name _____

TERMS & CONDITIONS OF MEMBERSHIP:

- 1) Members understand and acknowledge that they undertake to pay the fees as prescribed.
- 2) The membership fee will be reviewed on an annual basis.
- 3) The membership is linked to a value proposition.
- 4) Fees can only be paid by debit order except where membership is paid in full.
- 5) Membership cannot be terminated until the full term is complete.

Signature: _____ Date: _____

Please send the completed application form together with proof of payment or debit order form to:
info@womanofstature.co.za

Bank details:

First National Bank

Account name: Woman of Stature

Account number: 62536453468

Branch code: 251141

Ref: Membership / Name

WOMAN OF STATURE

Email: info@womanofstature.co.za | Web: www.womanofstature.co.za | FB: Woman of Stature

Tel: 011 475 4112 | Mobile: 082 553 0061

Physical Address: 794 Merensky Avenue, Little Falls 1725

Postal Address: PO Box 22454, Helderkruijn, Roodepoort 1733