



1011 Pretorius Avenue – South  
 Quintiles Science Park, Bldg 3, 1<sup>st</sup> Flr  
 Lyttelton Manor, Centurion

Tel: 012 664-6559  
 Fax: 086-248-1600  
[admin@centurionsakekamer.co.za](mailto:admin@centurionsakekamer.co.za)  
[www.centurionsakekamer.co.za](http://www.centurionsakekamer.co.za)

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Type of Business:

Pty(Ltd)		CC		Trust		Sole Proprietor		Partnership	
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Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Office Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**CONTACT INFORMATION**

Contact Person 1: \_\_\_\_\_

E-mail: \_\_\_\_\_

Designation: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Birthday: \_\_\_\_\_

Contact Person 2: \_\_\_\_\_

E-mail: \_\_\_\_\_

Designation: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Birthday: \_\_\_\_\_

**BUSINESS CATEGORY**

Business Description:

\_\_\_\_\_  
 \_\_\_\_\_

Service or Product description:

\_\_\_\_\_  
 \_\_\_\_\_

Industry:

1.	Community & Charity		2.	Entertainment, Tourism & Functions	
3.	Manufacturing, Building & Construction		4.	Employment Services	
5.	Financial Services		6.	Home & Gardening Services	
7.	IT & Communications		8.	Legal Services	
9.	Print, Media & Marketing		10.	Property	
11.	Retail		12.	Training & Academic	
13.	Products & Services (describe) _____		14.	Other: (describe) _____	

**MEMBERSHIP CATEGORIES**  
(Please select an option below)

GROUP	MEMBERSHIP PACKAGE	ONCE-OFF PAYMENT	TICK	DEBIT ORDER	TICK
A	Administration Fee (Once Off)	R250.00		R250.00	
B	Silver Membership	R 1950.00		R195 p.m	
C	Gold Membership	R 4950.00		R 495 p.m	
D	Platinum Membership	R 12 950.00		R 1290 p.m	

Membership fees can be paid electronically into the Centurion Business Forum bank account:

BANKING DETAILS:	
Bank:	ABSA
Account Holder:	Centurion Sakekamer
Branch:	Lyttelton
Branch Code:	63 20 05
Account Number:	6009 100 78

***Please note that members that chose the Debit Order option above, should complete the attached Debit Order Authorisation form.***

## MEMBERSHIP BENEFIT

BENEFITS PER CATEGORY	SILVER	GOLD	PLATINUM
ADVERTISING			
FREE Listing on CBF Website	✓	✓	✓
Promotional Mailers to CBF Members	x	✓	✓
Exposure on Social Media (CBF Facebook etc.)	x	✓	✓
CBF Website Home Page <b>Banner</b> ads (Top)	x	x	✓
CBF Website Home Page and Directory page <b>side</b> ads	R500 p/m	<b>R 195 p/m</b>	x
Blogs (Under Construction)	✓	✓	✓
SERVICES			
Receive all communications from/about CBF	✓	✓	✓
Receive invitations to CBF functions	✓	✓	✓
Affiliation with SBI (Small Business Chamber organisation)	✓	✓	✓
Member Discounts	✓	✓	✓
<b>Free</b> use of the CBF Boardroom	3 hours p/m	<b>6 hours p/m</b>	x
<b>Free</b> use of CBF Wifi	✓	✓	x
Invitation to Power Team meetings	✓	✓	x
Participation in <i>CBF Consult</i>	✓	✓	x
FUNCTIONS			
Attendance at monthly Network Functions	✓	✓	✓
Exposure at Network functions (Display banners, business cards on tables, etc.)	x	✓	✓
Promotional Speaker at events	x	✓	✓
SBI Events	Price TBC by SBI	<b>Price TBC by SBI</b>	✓
Exclusive Invitations	x	x	✓

## AGREEMENT

### TERMS AND CONDITIONS:

- Where applicable, all valid artwork and advertisements for the website must be provided by the member to the office as soon as possible and on members own account;
- Membership fees are payable by the undersigning of this agreement;
- Please notify the Business Forum of a Change of Address and Contact Details.
- This membership is non-refundable. A notice period of two months will be applicable on cancellation of the debit order; and
- Membership is valid for a period of 12 (twelve) months. Members will be liable for 12 (Twelve) months' payment, which can be settled once-off in advance or per monthly instalment. The member agrees that in the event that membership is cancelled prior to expiry of the 12 month period, the entire outstanding contract balance will be due and payable immediately and may be debited from his/her account.
- Members and/or their guests are obliged to RSVP for functions and events. In the event that the member does not intend or cannot attend the event, after a confirmation of attendance (RSVP) was sent, he/she is required to inform the CBF Office within 48 hours prior to the event. The member agrees that he/she will be liable for per capita cost if he/she and/or their guest fails to comply with this rule. The member agrees that the amount may be deducted via debit order.

- Members and/ or their guests can attend Network Functions as part of their membership benefits as follows: Silver – 1 Person free / Gold – 2 Persons free / Platinum – 4 Persons free. Extra participants at an additional cost of R200 per person payable in advance (should space permit).
- Membership is automatically renewed unless otherwise indicated or through a written request. After the initial 12 month period and membership is not cancelled, it will be renewed for another 12 month period.
- Membership fees may be increased annually or as directed from time-to-time, by prior notice to the member.

I/we have read and agree to the terms and conditions:	
Name and Surname (Please complete in block letters):	
Signature:	
Designation:	
Date:	

For any enquiries, please contact Admin at Tel: (012) 664 6559 and [admin@centurionsakekamer.co.za](mailto:admin@centurionsakekamer.co.za)



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**DEBIT ORDER AUTHORISATION FORM**

<b>MEMBERSHIP TYPE:</b>	SILVER R195.00		GOLD R495.00		PLATINUM R1290.00	
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<b>Membership Nr:</b>	<b>ID Nr:</b>
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Company Name: \_\_\_\_\_

Signatory Name: \_\_\_\_\_

Title (Mr, Mrs, etc): \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**BANKING DETAILS:**

Banking Institution: \_\_\_\_\_

Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account type: \_\_\_\_\_

**AUTHORITY:**

I/We hereby authorize Centurion Business Forum to issue and deliver payment to your banker for collection against my/our above-mentioned account at my/our above mentioned bank (or any other banker branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agree to in the Agreement, and commencing on \_\_\_\_\_ and continuing until this Authority and Mandate is terminated by me/us giving you notice in writing of not less than 3 (three) months, and sent by prepaid registered or delivered.

On the: \_\_\_\_\_ day (payment date) of each and every month commencing on: \_\_\_\_\_ in the event that the payment day falls on a Saturday, Sunday or recognized South-Africa holiday, the payment will automatically be adjusted to either the preceding, or on the: \_\_\_\_\_ day (payment date) of each and every month commencing on: \_\_\_\_\_ in the event that the payment day falls on a Saturday, Sunday or recognized South-Africa holiday, the payment will automatically be adjusted to either the preceding, or very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in the account.

I/we take note of the terms relating to RSVP for CBF functions and that my failure to timeously cancel (48 hours prior to event) and/or non-attendance of the event, will lead to liability for a *per capita* event cost. I therefore agree that my account may be debited for the function amount equal to the non-member event *per capita* attendance fee.

I/we understand that the contract is for a period of 12 months. I agree that I will be liable for the balance of the 12 month period in the event that my contract is cancelled prior to expiry and that the full amount of the balance will be debited from my account.

I/we understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South Africa Banks's and I/we understand that details of each withdrawal will be printed on my statement or on an accompanying voucher. Such must contain a number, which number must be indicated in the aid payment instructions and if provided enable you to identify the Agreement.

I/we shall not be entitled to any refund of amount which you have withdrawn while the author was in force if such amount were legally owing to you.

### MANDATE

I/we acknowledge that all payment instructions issued by you shall be treated by me/our above-mentioned bank as if the instruction has been issued by me/us personally.

### CANCELLATION

I/we acknowledge that although this Authority and Mandate may be cancelled by me/us, such will not cancel this Agreement. I/we shall not be entitled to any refund of amounts which you have withdrawn while authority was in force, if such amounts were legally owed to you.

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ (20\_\_\_\_)

SIGNATURE: \_\_\_\_\_

Assisted by: \_\_\_\_\_

### FOR OFFICE USE ONLY

Agreement Ref #: \_\_\_\_\_ Accepted and Signed-off by: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_