



Association of Rotational Moulders of Southern Africa

ARMSA APPLICATION FOR MEMBERSHIP

DATE OF APPLICATION: _____ / _____ / 20_____

NAME OF COMPANY: _____

CONTACT PERSON: _____

STREET ADDRESS: _____

_____ CODE: _____

POSTAL ADDRESS: _____

_____ CODE: _____

TEL NO: _____ E-MAIL ADDRESS: _____

WEBSITE ADDRESS: _____

VAT REGISTRATION NUMBER: _____

CATEGORY OF MEMBERSHIP APPLIED FOR (Tick the appropriate box)

Regular Membership Business actively engaged in the moulding of plastics products through the use of rotational moulding equipment	Moulder	
Associate Membership Business that supplies or has potential of supplying either products of equipment to ARMSA's regular members	Service Providers Other	

DESCRIPTION OF ACTIVITIES / PRODUCTS MANUFACTURED: _____

NUMBER OF STAFF EMPLOYED	ADMINISTRATION	
	PRODUCTION	

ARE YOU PREPARED TO BECOME ACTIVELY INVOLVED IN ARMSA?	YES	NO
---	-----	----

IF YES, WHAT IS YOUR PARTICULAR AREA OF INTEREST: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

PROPOSED & ACCEPTED AT ARMSA COMMITTEE MEETING: _____