SOUTH AFRICAN UNION OF FOOD MARKETS (SAUFM)

APPLICATION FOR MEMBERSHIP

Return membership application to, P.O. Box 464, Durban, 4000

1. **Name of Market/Company:** ……

2. **Name & Surname of Market Manager/Head/CEO:** ……

3. **Contact person's name & surname:** …… **Cell No:** ……

4. **Market Physical (Street) Address:** ……

   : ……

   Postal Code: ……

5. **Postal Address:** ……

   : ……

   Postal Code: ……

6. **Telephone: (i)** …… **(ii)** ……

7. **Fax Number:** ……

8. **E-mail Address: (i)** ……**(ii)** ……

9. **Website Address/additional email :** ……

10. **Product/s traded, e.g. in addition to fruit & veg, flower market, dairy products, fish, etc:**
    ……

11. **Type of Market Ownership/Management (Private/Municipality/Other):** ……

We (Market's Name/Company's Name)……..do hereby declare that the above information is true and correct and we further agree to at all times abide by the rules, regulations and policies governing the SAUFM.

…… ……

Signature **Date**

…… ……

Print Name and Surname **Designation**