

SAPOA membership is by company/organisation and is categorised into several membership groups, Property Owners/Asset Managers/Developers, Facilities/Property Managers, Construction, Property Services and Professional's and Other.

Owners/Asset Managers/Developers: Those whose core business is that of Commercial, Industrial, Retail, and Residential Property Ownership, Investment, Fund Managers and Property Development.

Facilities/Property Managers: Those whose core business is that of the daily oversight of Commercial, or Industrial, or Residential Real Estate as a third-party Contractor.

Construction, Property Services and Professionals: Partners who provide services to the Property Industry (Construction and Architecture, Engineering and Consulting, Lawyers, Valuers, or Suppliers, etc.).

• **Kindly note that all sections and fields on this 4-page document are compulsory and must be completed and submitted together with the requested documentation.**

MAIN CONTACT REPRESENTATIVE

First name:

Last name:

Job title:

Email address:

Telephone number:

COMPANY DETAILS

Legal Company name:

Trading name:

Website address:

Company Telephone
Number:

What is your Company's
main business function?

Is this your head office?

 Yes No

Is your company listed?

 Yes No

Physical address:

Address Line 1

Address Line 2

City

Province

Postcode

Postal address:

Same as physical address

Yes No

Address Line 1

Address Line 2

City

Province

Postcode

Company VAT number:

Company registration number:

Company TAX number

Company financial year end:

Company BEE level:

Please select the province(s)
your company operates in:

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo

Mpumalanga

Northern Cape

North West

Western Cape

Please indicate which sector of the Property Industry you operate in:

Commercial/Office

Industrial

Residential

Retail

Mixed Use

Bank/Financial Institution

Registered Educational
Institution

Public Sector
(Municipalities/Government Departments/Parastatals/SOE's)

Other (specify) _____

Please choose your organisations business area:

- | | | |
|--|--|--|
| <input type="checkbox"/> Owner/Investor/Fund Manager | <input type="checkbox"/> Developer | <input type="checkbox"/> Facilities/Property Manager |
| <input type="checkbox"/> Manager Construction | <input type="checkbox"/> Property Services | <input type="checkbox"/> Property Professionals |
| <input type="checkbox"/> Other (specify) _____ | | |

Please indicate the value of your property portfolio R_____ / N/A

Please indicate the value of your managed property portfolio R_____ / N/A

Please indicate your Annual Turnover as per your recent Annual Financial Statements (AFS) R_____

Please indicate the number of staff in your organisation. This should include all staff nationwide. _____

TELL US MORE

How did you hear about us?

- | | | |
|--|--|--|
| <input type="checkbox"/> Non-member communications | <input type="checkbox"/> National Event/Convention | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Website | |
| <input type="checkbox"/> Other (specify) _____ | | |

What are your reasons for joining?

- | | | |
|--|--|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Events & Networking | <input type="checkbox"/> Committee participation |
| <input type="checkbox"/> Publications | <input type="checkbox"/> Industry communications & market research | <input type="checkbox"/> Research |
| <input type="checkbox"/> Sponsorship opportunities | <input type="checkbox"/> Courses & programmes | |
| <input type="checkbox"/> Other (specify) _____ | | |

PLEASE ATTACH THE FOLLOWING DOCUMENTATION

- | | |
|---|--|
| <input type="checkbox"/> SARS Tax Compliance Pin | <input type="checkbox"/> Latest Audited Financial Statements |
| <input type="checkbox"/> Latest Management Accounts
(if no audited financial statements) | <input type="checkbox"/> BBBEE Certificate / Affidavit |
| <input type="checkbox"/> CIPC Registration Form | <input type="checkbox"/> Company Profile |

I _____ in my capacity as _____

is authorised to sign on behalf of _____ (*name of company*)

Signed at _____ (*name of place*) on _____ (*date*)

Signature

Kindly submit your completed form to the Membership Officer - membership@sapoa.org.za