WESTERN CAPE E-HAILING ASSOCIATION MEMBERSHIP APPLICATION FORM

REG No: K2022733285.

SECTION A:	PERSONAL INFORMATION

Mr./Mrs./Ms.		Surname	

First Name (s)		Initial(s)	

ID Number		Date of Birth	
Passport No.		Date of Birth	
Asylum Seeker		Date of Birth	

Gender	M	F	New Member	

SECTION B:	ADDRESS AND CONTACT DETAILS OF MEMBERS

Postal Address		Tel No. (Home)	
		Cell	

Postal Code		E-mail:

SECTION C:	E-HAILING PLATFORMS

Type of E-Hailing	Uber		Bolt		In Driver		Uber Eats		Bolt Eats	

SECTION D:	DECLARATION

I, the undersigned hereby join the Western Cape E-hailing Association. As a member, I hereby

1. 1. Agree to pay to the association a once off registration fee of R50 and monthly membership subscription of R50 or whichever amount the Executive Committee might decide of from time to time.
2. Request that in the event of a decision by the Association in terms of its Constitution, increasing the monthly fee or imposing a levy.
3. Hereby revoke any previous authorization from deductions on behalf of any other association or organization.
4. Undertake that I shall give 6 (six) weeks' notice of resignation to the above association before revoking this authorization, and that I shall duly inform the association.

Signature of Member: …….. Date: ……..

Witness 1: …… Date: ……

FOR OFFICE USE ONLY

Membership No		Joining Date	

Banking Details: FNB, Business Account (63023148794) Branch Code: 250 655

Contact us on: wceaofficial@gmail.com or 060 502 1116