



**South African Independent Power Producers Association**  
**Membership Application Form**

Kindly email the completed form to [saippaservices@vdw.co.za](mailto:saippaservices@vdw.co.za)

Company / Organisation / Name: \_\_\_\_\_

VAT Number: \_\_\_\_\_

Main Representative Name: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

P O Box: \_\_\_\_\_

Select Membership Type:

<b>SPONSOR/SUSTAINING MEMBER</b>	Annual Fee – R 63,800.00	
<b>LARGE CORPORATE</b>	Annual Fee - R 40,730.00 (200 + employees)	
<b>MEDIUM CORPORATE</b>	Annual Fee - R 26,200.00 (50 + employees)	
<b>SMALL CORPORATE</b>	Annual Fee - R 13,100 (less than 50 employees)	
<b>ASSOCIATE/NPO's</b>	Annual Fee - R 14,400 (association/non-profit institutes)	
<b>PROFESSIONALS</b>	Annual Fee - R 1,310 (sole proprietor)	

***The sizes of companies are as per the definitions used by the Department of Trade and Industry***

**Additional Representatives:**

1. Name & Surname: \_\_\_\_\_ Gender: \_\_\_\_\_

Disabled: \_\_\_\_\_ Youth (below 35 years): \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Skype (or similar facility) Username: \_\_\_\_\_

2. Name & Surname: \_\_\_\_\_ Gender: \_\_\_\_\_

Disabled: \_\_\_\_\_ Youth (below 35 years): \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Skype (or similar facility) Username: \_\_\_\_\_

**Please indicate the following:**

- Number of years the Main Representative has been involved in the power industry? \_\_\_\_\_
- Power technology or services currently offered by your Company, please indicate below.
  - i. IPP (If Yes, please provide the following) \_\_\_\_\_  
Name Plate Generation (MW) \_\_\_\_\_  
Type of Power Production Technology \_\_\_\_\_
  - ii. Service Provider \_\_\_\_\_
  - iii. Association \_\_\_\_\_
  - iv. Consultant \_\_\_\_\_
  - v. Professional \_\_\_\_\_
- Other – please specify \_\_\_\_\_
- What industry do you work for? \_\_\_\_\_
- Holding company or partners? \_\_\_\_\_

Please choose the Working Groups you wish to join:

1. SSEG WORKING GROUP	
2. EXPORT SALES WORKING GROUP	
3. INTERNAL SALES WORKING GROUP	
4. WHEELING WORKING GROUP	

HOW DID YOU GET TO KNOW SAIPPA? – Please select at least one of the following:

1. NEWSPAPER (NAME)		
2. MAGAZINE (NAME)		
3. TELEVISION (NAME OF STATION & PROGRAM)		
4. CONFERENCE (NAME & DATE)		
5. FRIEND/ACQUAINTANCE (NAME)		
6. BUSINESS PARTNER (NAME)		
7. OTHER – PLEASE SPECIFY		

\_\_\_\_\_  
Full Name & Surname

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For more information or assistance, kindly contact the SAIPPA Secretariat on Tel: 011-061-5000**

VER2019-01-22