



South African Independent Power Producers Association

Membership Application Form

Kindly email the completed form to 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:

SPONSOR/SUSTAINING MEMBER	Annual Fee – R 67 000.00	
LARGE CORPORATE	Annual Fee - R 42 750.00 (<i>200 + employees</i>)	
MEDIUM CORPORATE	Annual Fee - R 27 500.00 (<i>50 + employees</i>)	
SMALL CORPORATE	Annual Fee - R 13 750.00 (<i>less than 50 employees</i>)	
ASSOCIATE/NPO's	Annual Fee - R 15 000.00 (<i>association/non-profit institutes</i>)	
PROFESSIONALS	Annual Fee - R 1 400.00 (<i>sole proprietor</i>)	

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