



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 70,015.00	
LARGE CORPORATE	Annual Fee – R 44,675.00 (<i>200 + employees</i>)	
MEDIUM CORPORATE	Annual Fee – R 28,735.00 (<i>50 + employees</i>)	
SMALL CORPORATE	Annual Fee – R 14,370.00 (<i>less than 50 employees</i>)	
ASSOCIATE/NPO's	Annual Fee – R 15,675.00 (<i>association/non-profit institutes</i>)	
PROFESSIONALS	Annual Fee – R 1,460.00 (<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. GAS WORKING GROUP	
3. NETWORKS WORKING GROUP	
4. GRID CODE WORKING GROUP	
5. JUST ENERGY TRANSITION WORKING GROUP	
6. 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

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