



## 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 78,650.00	
<b>LARGE CORPORATE</b>	Annual Fee – R 50,190.00 ( <i>200 + employees</i> )	
<b>MEDIUM CORPORATE</b>	Annual Fee – R 32,290.00 ( <i>50 + employees</i> )	
<b>SMALL CORPORATE</b>	Annual Fee – R 16,145.00 ( <i>less than 50 employees</i> )	
<b>ASSOCIATE/NPO's</b>	Annual Fee – R 17,610.00 ( <i>association/non-profit institutes</i> )	
<b>PROFESSIONALS</b>	Annual Fee – R 1,640.00 ( <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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