

**APPLICATION FOR AFSUG MEMBERSHIP: BUSINESS PARTNER**

Company Name:			
Physical Address:			
Postal Address:			
Postal Code:		Vat Number	

Administrative contact (For Invoicing Purposes)	
Surname:	
First name:	
Direct line:	
Cell phone:	
Fax line:	
e-mail:	

CEO DETAILS	
Surname:	
First name:	
Direct line:	
Cell phone:	
e-mail:	

Please indicate your desired membership. AFSUG membership resides at the company level, meaning an unlimited number of employees may utilize company membership benefits without incurring individual membership charges. Membership fees are per annum.

<input type="checkbox"/> Business Partner: Less than 5 employees	R 3 000
<input type="checkbox"/> Business Partner: All in One/ Business One	R 7 500
<input type="checkbox"/> Business Partner: Less than 50 employees	R 12 000
<input type="checkbox"/> Business Partner: Between 51 – 100	R 20 000
<input type="checkbox"/> Business Partner: More than 100 employees	R 30 000
<input type="checkbox"/> Business Partner: Independent (Payment per SIG)	R 3000

SAP Installation number: (if available)		No. of employees	
Name:	Signature:	Date:	

PLEASE RETURN THE APPLICATION FORM TO:

**Nic Grobbelaar, [nicgrobb@telkomsa.net](mailto:nicgrobb@telkomsa.net) Tel: 082 441 0454**  
**Tracey Greig, [tracey.greig@sap.com](mailto:tracey.greig@sap.com) Tel: 084 518 5278**