

Application for membership of The Wedding & Honeymoon Association of South Africa

Name of business: _____

Full name of owner: _____

Contact person: _____

Physical address of business: _____

Postal address: _____

Telephone number: _____

Fax number: _____

Cellphone number: _____

Email address: _____

Website address: _____

Description of business or service offered: _____

Number of years in operation: _____

Note: Umbrella bodies cannot become members of WAHASA unless every member of that umbrella body also applies to be and is accepted as a WAHASA member.

Recent contactable client references (name, email address and telephone number)

Reference 1: _____

Reference 2: _____

Reference 3: _____

Reference 4: _____

Reference 5: _____

We agree that if our application is approved, we will be bound by the Code of Conduct, the Constitution and any rules and regulations of the Association.

Signature of authorised representative: _____

Full name of authorised representative: _____

Capacity: _____

Date: _____