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Cnr Patrick & Chris Hani
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8270 Vilakazi Street
Orlando West 1862

MEMBERSHIP APPLICATION FORM – SOWETO COMMUNITY TELEVISION NON-PROFIT COMPANY

Please return the form with sections 1, 2 and 3 fully completed together with the required documents and membership and application fee. Your application will not be considered unless we have all the correct paperwork and the fully completed form.

SECTION 1 of 3 - Contact & Registration Details

Name of Applicant organisation (in full):

Name of Contact Person and their Position in the organisation:

Physical Address (include postal code)

Telephone number:

Email:

Website:

Objectives of the organisation:

Please include the following with your Membership Application:

- A copy of your proof of the Organisations Registration.
- A copy of the Constitution of the Organisation.
- Proof of participation in the community.
- Audited or reviewed financial statements.
- Certified photo ID document of a maximum of 5 (“**five**”) executive members of the Organisation.

I have enclosed the requested documentation

SECTION 2 of 3 – Executive Members Information

Executive Member #1

Full Name:	Job Title:
Address (including postal code and country):	
Telephone:	Mobile:
How long in this position?	Are they a voting member of the board? <input type="checkbox"/> Yes <input type="checkbox"/> No

Executive Member #2

Full Name:	Job Title:
Address (including postal code and country):	
Telephone:	Mobile:
How long in this position?	Are they a voting member of the board? <input type="checkbox"/> Yes <input type="checkbox"/> No

Executive Member #3

Full Name:	Job Title:
Address (including postal code and country):	
Telephone:	Mobile:
How long in this position?	Are they a voting member of the board? <input type="checkbox"/> Yes <input type="checkbox"/> No
Executive Member #4	
Full Name:	Job Title:
Address (including postal code and country):	
Telephone:	Mobile:
How long in this position?	Are they a voting member of the board? <input type="checkbox"/> Yes <input type="checkbox"/> No
Executive Member #5	
Full Name:	Job Title:
Address (including postal code and country):	
Telephone:	Mobile:
How long in this position?	Are they a voting member of the board? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 of 3: Payment Information

- Kindly effect payment of the membership fee together with the application fee at the below stated bank account. Please provide proof of payment for your application to be considered.

SOWETO COMMUNITY TELEVISION BANKING DETAILS:

BANKING DETAILS:

Bank: ABSA

Account Name: Soweto Community Television Non-Profit Company

Account no: 40 88 19 42 43

Branch: Meyersdal

Branch no: 632 005

NB: Before you make a payment, please request an invoice from the company by writing an email to membership@sowetotv.co.za.

Undertakings

IMPORTANT: Please confirm the following by ticking each box statement below.

- The applicant organisation is a registered organisation in terms of the applicable legislation.
- This application is accompanied by the audited or reviewed financial statements for the preceding financial year.

The applicant organisation is not directly or indirectly, have any personal or private interest in the Company.

The applicant organisation members appear in the members register of the organisation.

Your signature on this Application Form will confirm that the information provided in this form is correct. Any misrepresentation will assist the Board not to consider this application and take legal actions, if necessary.

Agreed and Accepted

Name and Surname

Designation

Signature

Name and Surname

Designation

Signature

Please return the form with sections 1, 2 and 3 fully completed together with the required documents and the proof of payment and mail it to the stations email address:

membership@sowetotv.co.za

Your application will not be considered unless we have all the correct paperwork and the fully completed form.

Please be advised that the application fee of R1000.00 ("**one thousand rand**") is non-refundable