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## MEMBERSHIP APPLICATION FORM FOR ASSOCIATE PROFESSIONALS

### Personal Information

Title: \_\_\_\_\_ \*Surname: \_\_\_\_\_ \*Full Names: \_\_\_\_\_  
\*ID No: \_\_\_\_\_ \*Gender: \_\_\_\_\_  
\*Province: \_\_\_\_\_ District: \_\_\_\_\_  
\*Office Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\*E-mail: \_\_\_\_\_  
\*Cell Phone no: \_\_\_\_\_ Tel. No: \_\_\_\_\_

### Professional Information

Highest Qualification: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Industry: \_\_\_\_\_

Interests in the grain industry	Other interests in agriculture/farming
1.	1.
2.	2.
3.	3.

Your nearest Town/City: \_\_\_\_\_

**CONSENT:** I .....declare that I am not a bone-fide grain farmer and I voluntarily join SAGRA as a committed, disciplined, loyal and active associate professional. I will abide by the vision, goals and objectives of our association. I also commit to paying an initial membership fee of **R500** as an Associate Professional Member of South African Grain Farmers Association (SAGRA).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BANKING DETAILS: South African Grain Farmers Association**

**FNB East Rand Mall, Acc. No: 62 771 9226 40, Ref: Name & ID Number**