



**VOASA**

VACATION OWNERSHIP ASSOCIATION OF SOUTHERN AFRICA

**APPLICATION FOR MEMBERSHIP**

**INTERNATIONAL ASSOCIATE MEMBER**

**APPLICATION FOR REGISTRATION AS ASSOCIATE MEMBER**

This form must be sent to:

**VACATION OWNERSHIP ASSOCIATION OF SOUTHERN AFRICA**

P.O. Box 2823, Durbanville, 7551

Tel : (021) 914 9693

Fax : (021) 914 5202

E-mail: [voasa@voasa.co.za](mailto:voasa@voasa.co.za)

Website: [www.voasa.co.za](http://www.voasa.co.za)

<b>APPLICATION FORM</b>
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Name of applicant: \_\_\_\_\_

Registered address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Postal Address: \_\_\_\_\_

If a Company or Close Corporation, state name, identity number, address and telephone number of each Director/Member:

(a) Name: \_\_\_\_\_ ID No: \_\_\_\_\_  
Address: \_\_\_\_\_ Code: \_\_\_\_\_  
Telephone No: \_( \_\_\_\_\_ ) \_\_\_\_\_ Mobile No: \_\_\_\_\_

(b) Name: \_\_\_\_\_ ID No: \_\_\_\_\_  
Address: \_\_\_\_\_ Code: \_\_\_\_\_  
Telephone No: \_( \_\_\_\_\_ ) \_\_\_\_\_ Mobile No: \_\_\_\_\_

(c) Name: \_\_\_\_\_ ID No: \_\_\_\_\_  
Address: \_\_\_\_\_ Code: \_\_\_\_\_  
Telephone No: \_( \_\_\_\_\_ ) \_\_\_\_\_ Mobile No: \_\_\_\_\_

(d) Name: \_\_\_\_\_ ID No: \_\_\_\_\_  
Address: \_\_\_\_\_ Code: \_\_\_\_\_  
Telephone No: \_( \_\_\_\_\_ ) \_\_\_\_\_ Mobile No: \_\_\_\_\_

(e) Name: \_\_\_\_\_ ID No: \_\_\_\_\_  
Address: \_\_\_\_\_ Code: \_\_\_\_\_  
Telephone No: \_( \_\_\_\_\_ ) \_\_\_\_\_ Mobile No: \_\_\_\_\_





SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
SIGNED: BY APPLICANT

\_\_\_\_\_  
FULL NAME OF SIGNATORY

\_\_\_\_\_  
CAPACITY OF SIGNATORY

*(A copy of the authorizing resolution may be requested by VOASA)*

\_\_\_\_\_  
WITNESS FOR APPLICANT

\_\_\_\_\_  
FULL NAME OF WITNESS

**VOASA RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION OR DOCUMENTATION AS MAY BE  
REQUIRE FROM TIME TO TIME**