



VOASA

VACATION OWNERSHIP ASSOCIATION OF SOUTHERN AFRICA

APPLICATION FOR MEMBERSHIP

LOCAL 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

Website: www.voasa.co.za

APPLICATION FORM

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**