



VOASA

VACATION OWNERSHIP ASSOCIATION OF SOUTHERN AFRICA

APPLICATION FOR MEMBERSHIP

SALES CONSULTANT

APPLICATION FOR REGISTRATION AS SALES CONSULTANT 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

1. Surname: _____ Mr./Ms./Miss: _____

2. First Name/s: _____

3. Postal Address: _____ Code _____

4. Telephone No. (Business): _(_____) _____ (Home): _(_____) _____

5. I am employed by: _____

Address: _____ Tele. No: _(_____) _____

6. I have (please tick appropriate block)

- Passed the Estate Agents Board examination
- Registered as a candidate Estate Agent

ACKNOWLEDGMENT

- Constitution of VOASA
- The VOASA Code of Conduct

1. And that upon acceptance as a member of VOASA I undertake to comply with all of the above. I also acknowledge that the above may be varied in terms of the particular constitution applying thereto.
2. I further agree that I will as a member of the Vacation Ownership Association of South Africa (VOASA) agree to abide with the VOASA Code of Conduct.
3. I enclose/will send payment/proof of payment in respect of the VOASA membership fee as per the attached 2012 Annual Membership / Renewal Fee Form to the value of R 404.70 (Four hundred and four rand and seventy cents only) inclusive of VAT.
4. I agree to abide with the rulings of the Standards Council and complaints procedures which may be changed from time to time and agree to pay any fines being levied against me.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20__

SIGNED: BY APPLICANT

FULL NAME OF SIGNATORY

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**